



# Report to Cabinet

<b>Date:</b>	9 May 2023
<b>Title:</b>	<b>6 Monthly Adult Social Care update</b>
<b>Cabinet Member(s):</b>	Councillor Angela Macpherson
<b>Contact officer:</b>	Craig Mcardle Corporate Director Adults and Health Craig.Mcardle@buckinghamshire.gov.uk
<b>Ward(s) affected:</b>	All wards
<b>Recommendations:</b>	<b>Cabinet is asked to note the latest developments in relation to adult social care both locally and nationally</b>
<b>Reason for decision:</b>	N/A

## 1. Executive Summary

- 1.1 This update sets out recent developments in adult social care, both locally and nationally, and plans for the next period. It includes updates on several recent developments in April including the Next Steps to put People at the Heart of Care government White Paper and the findings of the Hewitt Review into Integrated Care Systems.

## 2. The National Picture

### Next Steps to put People at the Heart of Care

- 2.1 The [Next Steps to put People at the Heart of Care](#) white paper on adult social care reform was published on 4<sup>th</sup> April 2023 and sets out progress since the [People at the Heart of Care](#) white paper was published in 2021; and the next steps.
- 2.2 The white paper contains new announcements on the adult social care reform programme, including greater use of technology and digitisation and a range of national measures to support the adult social care workforce. It also includes the creation of an Older Person's Housing Taskforce to develop more retirement housing

and measures to enable innovative local projects. However the white paper is silent on the social care charging reforms which were a prominent feature in the 2021 white paper.

### **Social Care Charging Reforms**

- 2.3 The Government's proposals, originally due to come into effect from October 2023, included the introduction of a care cap, more generous capital limits and arrangements for self-funders to ask local authorities to organise their care.
- 2.4 Across the local government sector, there were considerable concerns that the funding requirements of these reforms was significantly underestimated and the timeframe for implementation too tight, particularly given the substantial workforce challenges.
- 2.5 In the November 2022 budget, the Government announced that the implementation of these reforms was postponed until October 2025. However, some of the associated activity relating to the development and sustainability of the care market has continued on the original timetable. As already stated, the latest white paper on social care reform (Next Steps to put People at the Heart of Care) makes no reference to these charging reforms.

### **Liberty Protection Safeguards**

- 2.6 Liberty Protection Safeguards (LPS) are due to replace the Deprivation of Liberty Safeguards (DoLS) through amendment to the Mental Capacity Act (MCA) Code of Practice. LPS are designed to be more streamlined, improving the system by spreading the responsibility for the protection of a person's rights across hospitals, clinical commissioning groups and social care.
- 2.7 LPS were deferred from an original implementation date of April 2022. In early April this year, the government announced that implementation will be delayed beyond the life of this parliament to prioritise other work on social care. i.e. until 2025 at the earliest. This means that implementation will not be before 2025 unless there are further changes.
- 2.8 The transition from DoLS to LPS was requiring significant planning, recruitment and training. The Adults and Health Transformation Board has been overseeing the project to implement LPS in Buckinghamshire.
- 2.9 The impact of the delay is that the DoLS system will continue with the burden of administration with local authorities and the issues that LPS was designed to address such as people outside the scope of DoLS such people deprived of their liberty in the community or under the age of 18. Whilst maintaining a state of readiness for when an implementation date is announced, in the meantime we will be able to reduce the resources that had been allocated to this.

## **Mental Health Reforms**

- 2.10 In June 2022, the government published the [draft Mental Health Bill](#). This aims to modernise the framework for services including the criteria for detention and amending the definition of a mental disorder so that people can no longer be detained solely because they have a learning disability or are autistic. The council has participated in the consultation on the proposed changes.
- 2.11 The changes in the draft Bill largely affect the NHS and criminal justice system. However there are changes to determining which local authority is responsible for arranging aftercare in the community; and a reversal of the burden of proof so that the local authority responsible for arranging guardianship must prove that the person meets the guardianship criteria.
- 2.12 The Bill is currently going through parliament and has completed the Joint Committee Inquiry stage. The Joint Committee has published its [report](#). It has recommended the Bill must be strengthened to address rising numbers detained under current legislation, tackle failures on racial inequalities and strengthen duties for Integrated Care Boards and Local Authorities to ensure adequate supply of community services for people with learning disabilities and autistic people to avoid long-term detention.
- 2.13 It is intended that once adopted, the Mental Health Act will have a staggered implementation, with first duties to be introduced in mid-2024/2025 and full implementation by 2030-31.

## **Care Quality Commission Assurance**

- 2.14 The Health and Care Act 2022 introduced Care Quality Commission (CQC) assurance of how councils are discharging their adult social care duties as defined by the Care Act. Councils were last subject to CQC assurance of adult social care in 2010. Buckinghamshire County Council was inspected in 2008 with an outcome of “good”.
- 2.15 The CQC has shared its draft assurance framework, which is due to be signed off by the Minister for Social Care in the spring, with the CQC’s assurance responsibilities to start in April. On 28<sup>th</sup> February, the CQC published interim guidance which confirmed that:
- Local authorities will be provided with an overall rating using the CQC’s established ratings categories of ‘outstanding,’ ‘good,’ ‘needs improvement’ and ‘inadequate.’
  - Reports will be published and will also include a narrative and indication of the direction of travel.
- 2.16 With 152 councils in scope, the CQC will be conducting its first round of assessments over 2 years, starting in April 2023 with a number of pilots before progressing to all

councils into 2024. At present it is not known how the CQC will determine the assessment order for councils.

- 2.17 The CQC also has a parallel responsibility for assurance of Integrated Care Systems (ICS) and has indicated that the phasing of local authority inspections will be linked to ICS inspections to reduce the burden of inspection on local authorities.

### **National Workforce Challenges**

- 2.18 Recruitment and retention continue to be a severe problem in adult social care, both for councils and for social care providers. This has been attributed to the impact of increased competition for staff from other sectors, such as retail and the NHS, staff burnout as a result of Covid and a reduced supply of workers from Europe.
- 2.19 In October 2022, the CQC published [The state of healthcare and adult social care in England 2021/22](#). In its workforce chapter, it highlights that 87% of care home providers and 88% of homecare providers reported experiencing recruitment challenges. Over a quarter of care homes were not admitting any new residents due to workforce issues.
- 2.20 Recognising these pressures, in February 2022, the Government added care workers to the shortage occupation list to support providers in addressing workforce pressures. This is enabling the sector to employ overseas recruits to help provide care this winter and beyond. In February, the government also announced a [£15m international recruitment fund](#) available over 2023 and 2024 for the adult social care sector - this fund is to enable a support offer to be set up at regional level which can be made available to all providers within the area. For this purpose, Buckinghamshire is within the South East Care Association region and the Milton Keynes and Buckinghamshire Care Association is acting as the representative for Buckinghamshire providers. The allocation for the southeast in 2023/24 is £2.4m.
- 2.21 The Government also launched a new domestic recruitment campaign – Made with Care – on 2<sup>nd</sup> November, running until March 2023.
- 2.22 And in the Next Steps to Put People at the Heart of Care white paper, the government sets out plans for the care workforce, including a care workforce pathway, new Care Certificate qualification, funded training for care workers and registered managers, and funded continued professional development training, as well as a digital skills passport.

### **The Hewitt Review**

- 2.23 The [Hewitt Review](#) was established in December 2022 to review integrated care systems (ICS) - Buckinghamshire Council responded to its Call for Evidence in January 2023. The Hewitt Review published its findings and recommendations in April 2023.

2.24 Much of the Council's submission is reflected in the recommendations. Key points and recommendations are:

- The NHS is over-focused on acute healthcare rather than prevention and recommends a shift in NHS resources towards prevention – an increase of at least 1% at ICS level over the next 5 years; and ICBs to baseline current investment in prevention order to calculate what a minimum 1% increase would be
- The government to develop a national social care workforce strategy (and make investment in social care and workforce a national priority)
- The importance of the health and welfare needs of young people and children; and recognition that children's social care is linked to both adult care and the wider health system
- Simplified budget arrangements for health and social care integration
- An explicit role for Health Scrutiny Committees (HASC in Buckinghamshire) and Joint Health Overview and Scrutiny Committees for system overview and scrutiny
- A reduction in national targets to a maximum of 10
- A cross-government review of the entire NHS capital regime with a view to implementing its recommendations from 2024

2.25 The government is now considering its response to these recommendations.

### **3. Buckinghamshire Health and Social Care Integration**

#### **Integrated Care System Development**

3.1 Buckinghamshire is a 'place' within the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS) and its governance and working arrangements have been developing over the last year. The key governance elements are:

- Integrated Care Board (ICB)
- Integrated Care Partnership (ICP)
- Joint Health Overview and Scrutiny Committee (JHOSC)
- Executive Partnership (EP)
- The Buckinghamshire Health and Wellbeing Board (BHWB)

#### **Integrated Care Board**

3.2 The BOB Integrated Care Board is the statutory NHS organisation responsible for managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs replaced clinical commissioning groups (CCGs). Local authorities have a single representative on the ICB, currently Stephen Chandler, Oxfordshire County Council.

#### **Integrated Care Partnership**

3.3 The [BOB Integrated Care Partnership \(ICP\)](#) is a statutory committee jointly formed between the NHS Integrated Care Board and all local authorities with public health

and social care responsibilities in the ICS area. It is responsible for publishing the Integrated Care Strategy which sets out priorities for improving the health and wellbeing of people across the BOB area. The ICP membership is:

- Local authorities: Councillors from the member authorities (representation linked to population size not just number of authorities); the three Directors of Public Health, a Director of Adult Social Services and Director of Children's Services from the member authorities
- Chair and Chief Executive of the ICB
- Representatives from health and social care providers, including primary care
- Wider stakeholders – Healthwatch, the Academic Health Science Network and voluntary sector representation

3.4 The Vice Chair of the ICP is Councillor Macpherson, Deputy Leader and Cabinet Member, Health, and Wellbeing for Buckinghamshire Council. Other Councillors representing Buckinghamshire Council are Councillor Tett (Leader) and Councillor Mohammed (Deputy Cabinet Member for Health and Wellbeing). Councillor Macpherson also represents the council on the Bedfordshire, Luton, and Milton Keynes Integrated Care Partnership.

3.5 The ICP consulted the public in December and January on its proposed strategy, which was agreed at its meeting on 24<sup>th</sup> March 2023. The [ICP strategy](#) builds on the joint Health & Wellbeing Strategies across the BOB region and identifies 5 key principles: preventing ill-health, tackling health inequalities, providing person centred care, supporting local delivery and improving the join up between our services.

### **Joint Health Overview and Scrutiny Committee**

3.6 The Buckinghamshire, Oxfordshire, and Berkshire West joint health scrutiny committee (BOB JHOSC) has been set-up to scrutinise and challenge the activities of the Integrated Care Board and Integrated Care Partnership. Buckinghamshire-based health and social care activity will continue to be scrutinised by the [Buckinghamshire Health & Adult Social Care Select Committee \(HASC\)](#).

3.7 Buckinghamshire Council's representatives on the BOB JHOSC, which held its first meeting on 25<sup>th</sup> January 2023, are Councillor MacBean (who is also the Chair), Councillor Heap, Councillor Mordue, Councillor Morgan and Councillor Turner.

### **Buckinghamshire Executive Partnership**

3.8 Within the county, the Buckinghamshire Executive Partnership brings together senior executives from the council, NHS providers and the ICB.

3.9 The purpose of the Executive Partnership is to focus on the priorities defined by the ICP and Buckinghamshire Health & Wellbeing Board, ensure strategic alignment, best

use of resources and operational oversight of integrated care across the Buckinghamshire health and care system.

### **Additional responsibilities for the Health and Wellbeing Board**

3.10 As part of the implementation of integrated care systems, the ICB must now consult with the Health and Wellbeing Board on its 5-year joint forward plan and as part of its annual review. The NHSE must also consult with the Health and Wellbeing Board on whether its views have been considered by the ICB. Councillor Angela Macpherson is Chair of the Buckinghamshire Health and Wellbeing Board.

### **Buckinghamshire Health and Care Integration Programme**

3.11 The Buckinghamshire Health and Care Integration programme has been established to improve hospital discharge performance so that more residents can be discharged as soon as it is clinically sound to do so, be provided with rehabilitation and therapy support to enable them to regain as much of their former independence as possible and, where they can, return safely to their own home.

3.12 There are three main work streams:

- Transitioning to a new community-based model – including a new intermediate care centre in Amersham, providing 22 beds with reablement and therapy support
- Implementing a ‘transfer of care hub’ – a new integrated service that will support better co-ordination of discharges and engage with patients on the ward to understand their needs and plan their discharge as early as possible.
- Developing a stronger performance and discharge culture across the system and improve the quality and sharing of information around discharge

3.13 The Government provided two grants to support discharge over the winter of 2022-23, both of which had to be spent by the end of March 2023:

- £500m national adult social care discharge fund of which Buckinghamshire is receiving £3.79m. This has been spent on a range of measures by Buckinghamshire Council and Buckinghamshire Integrated Care Board (ICB) to manage the winter pressures and speed up the discharge process from being in a hospital bed through to the person being settled in their long-term accommodation.
- £200m discharge funding for step down care of which Buckinghamshire ICB is receiving £1.73m. This has been used to support the costs of residential care post-discharge.

3.14 Key activities in the last 6 months have included:

- Removing barriers to assessing patients (for their long-term social care needs) in hospital and delivering more assessments in hospital. In the future this will mean that where a patient requires a relatively simple assessment, this can be done quickly in hospital so they can be discharged directly to their long-term care.

- Reducing the length of time Buckinghamshire residents spend waiting in ‘discharge to assess’ beds, and in the “medically optimised for discharge” ward in Amersham. Patients in these settings are being reviewed weekly for opportunities to accelerate their discharges.
- Stronger partnership working with neighbouring integrated care systems – Frimley system (Wexham Park Hospital treats the largest proportion of Buckinghamshire residents after Stoke Mandeville Hospital) has representatives on the key groups that govern the County’s integration programme (including the Buckinghamshire Executive Board) and are key participants in designing our future model for discharge and intermediate care.
- A new set of twelve beds in Burnham opened in January to support discharge of patients through the most intense period of winter. This has especially helped more Buckinghamshire residents to be discharged from Wexham Park hospital.
- Six short-term housing units for residents with housing issues so they can be discharged whilst waiting for a longer-term housing solution. This initiative launched in February.
- A scheme to temporarily house homeless patients in hotel accommodation during January – enabling them to be discharged from hospital and into more appropriate accommodation.

3.15 Targets for the next period are:

- Implementing an ‘integrated discharge team’ by June (this is the patient-facing part of the Transfer of Care Hub mentioned above)
- Implementing the full Transfer of Care Hub by October
- Winding down the remaining 30 discharge-to-assess beds, and standing up two new short-term interim bed hubs, and a new intermediate care centre in Amersham

3.16 The programme is overseen by the Buckinghamshire Executive Partnership and also reports to the Health and Wellbeing Board.

### **Better Care Fund and Spending Plan**

3.17 The Better Care Fund (BCF) is a national vehicle for driving health and social care integration using pooled budgets. In Buckinghamshire, the BCF is managed through a joint arrangement with the NHS delegated by the Health and Wellbeing Board to oversee the delivery of the BCF Plan. The value of the BCF in Buckinghamshire for 2022-23 is £44,540,754 of which the Adult Social Care allocation is £11,872,603 a 5.66% increase on 2021-22.

3.18 The BCF Plan for 2021-22 focussed on the five key areas that would yield significant benefits from a stronger partnership approach. The priorities, shaped by the Joint Local Health and Wellbeing Strategy and the Integrated Care Partnership, are:

- Hospital discharge



- Admission avoidance
- Mental health
- Primary care community services
- Health inequalities with a focus on cardio-vascular disease

3.19 In September 2022, the Health & Wellbeing Board approved the 2022-23 BCF Plan, which include:

- Development of a sustainable intermediate care offer for Buckinghamshire.
- A carer's transformation programme which includes the development of a Carers Co-production Board.
- Six priority areas for improving outcomes for people living with dementia and their families.

#### **4. Adult Social Care Workforce**

4.1 The adult social care market is facing significant challenge. The Covid-19 pandemic and EU Exit have added pressure on a workforce that was already experiencing long-term difficulties due to factors such as level of pay and competition from other sectors.

4.2 Feedback from providers to the council indicates their experiences mirror the national picture. Last year, the Council undertook a survey of adult social care providers and recruitment challenges, risk of 'burn-out' increasing pay to recruit and retain staff and dependency on higher cost agency staff were identified as key concerns. Some providers reported care staff moved away from permanent employment to assume agency work and there was a strong feeling that the main opportunity to increase the social care workforce is from greater and easier access to overseas workers. The Council is collaborating across the south-east to support access for Buckinghamshire providers to the DHSC international recruitment fund.

4.3 The Council is experiencing similar pressures in recruitment and retention of staff across adult social care and the commissioning service. Work continues to improve recruitment and retention, including the development of career progression pathways for staff and a 'grow your own' approach.

4.4 In addition, the Buckinghamshire Health, and Social Care Academy (a non-profit partnership organisation by health and care bodies including the Council) provides workforce planning and development including the requirements of social care providers.

#### **5. The Care Market**

5.1 There are over 190 organisations delivering adult social care in Buckinghamshire. The local care market includes a number of smaller and independent providers with less provision delivered by larger national chains. Of the five largest care home providers nationally, only three operate in Buckinghamshire and have low numbers of local

authority clients. This means that many of our providers have a strong local connection but limited organisational infrastructure. Recruitment and retention of staff, cost of living and inflation make the provision of social care very challenging for all of our providers.

- 5.2 Post Covid, there is an emerging trend in the increasing complexity of care needs of people being discharged from hospital. Supporting more people to stay in their own homes is resulting in an increase in the average number of hours per client for domiciliary care. There are also more people with challenging behaviours due to levels of dementia.
- 5.3 As part of the social care reforms, local authorities were required to undertake a [Fair Cost of Care exercise](#) and a [Market Sustainability Plan](#). The Market Sustainability Plan sets the anticipated demand on the care market, key risks and what can be done to address those risks.
- 5.4 The Council's commissioning service has developed a robust approach to managing quality in the care market and the support we offer to care providers. On 13<sup>th</sup> March, the Council led a [DHSC webinar](#) on our approach to quality and working with providers.

## **6. Buckinghamshire Council Adult Social Care**

### **Director for Adult Social Services**

- 6.1 Each upper tier authority with responsibility for Adult Social Care must appoint an officer as the statutory Director for Adult Social Services (DASS). In March 2023, Craig Mcardle joined the authority as the new Corporate Director for Adults and Health and the Council's DASS.

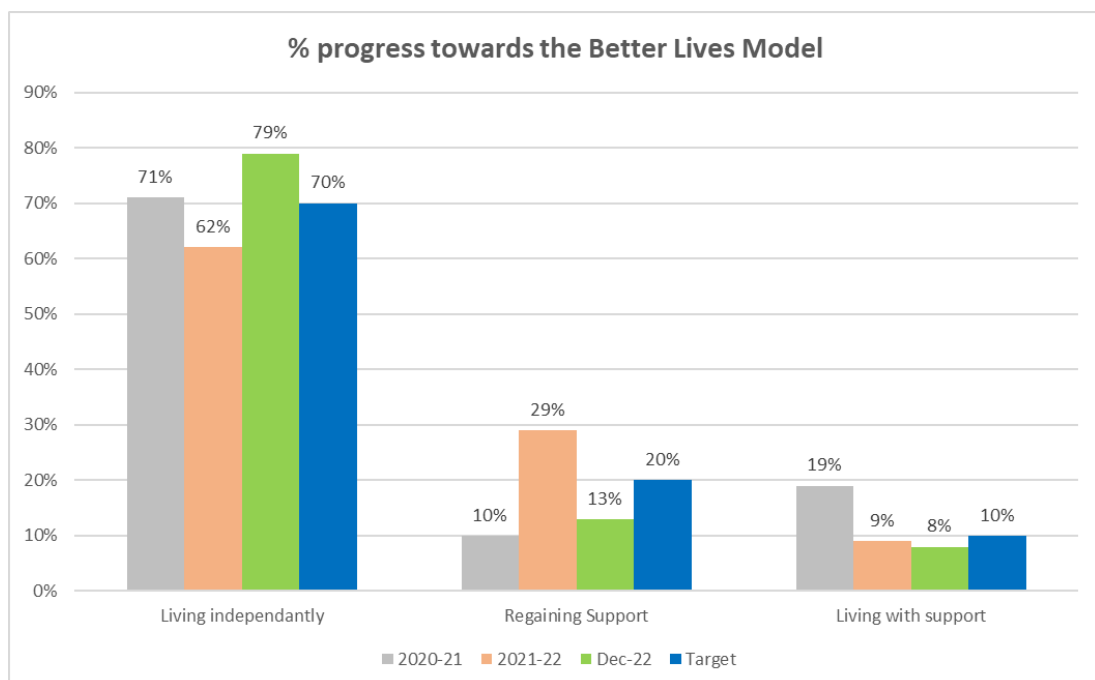
### **Better Lives Strategy 2022-2025**

- 6.2 The Better Lives Strategy continues to provide the framework for the transformation of the Council's adult social care services. The aim of the Better Lives Strategy is to significantly reduce the number of people progressing into long-term services when they can be supported to live independently at home. The Better Lives approach has 3 main parts:
- [Living Independently](#) - helping people to stay living independently through information, advice, and guidance, including linking people up with local support networks.
    - The aim is for 70% of people being supported to live independently.
  - [Regaining Independence](#) - short-term support to help people recovering from an illness or injury or living with long-term social care regain independence.
    - The aim is for 20% of people to receive short-term support to regain independence.

- **Living With Support** - providing person-centred long-term support when a person is no longer able to live independently.
  - The aim is for 10% of people to move directly into receiving long term services.

6.3 Whilst we still need to support more people to regain independence, overall, we have made considerable progress against this objective – at the end of December 2023:

- **Living Independently**
  - The number of new people being supported through information and advice, or signposting increased by 82% since 2020-21 (from 1,500 people per quarter to 2,740 people per quarter this year).
- **Regaining Independence**
  - The number of new people being supported by either Occupational Therapy support or equipment, or Telecare equipment has increased by 275% since 2020-21 from 95 people per quarter to 355 people per quarter this year. However, we know that we need to significantly increase the number of people that can benefit from our reablement service.
- **Living With Support**
  - The number of new people supported with a long-term service has reduced by 8% since 2020-21 from 300 people per quarter to 275 per quarter this year.



6.4 The transformation programme supports the implementation and outcomes of the Better Lives Strategy. The priorities are being reviewed in line with capacity for change and the delay in the social care reforms implementation. Whilst these are still being confirmed, the priority areas being delivered include:

- Improving information, advice, and guidance through a collaboration with the voluntary sector.
- Carers' support.
- Development of specialist housing, as part of the emerging corporate housing strategy
- Service finding and brokerage – to improve services for people with direct payments or who are self-funders.
- Direct payments – improvements in user experience and efficiency in processes.
- Digitalisation – improved self-service options for residents who choose these channels and improved digital “backroom” processes to improve efficiency, especially greater automation of financial processes.

6.5 A number of projects in the transformation programme will be able to deliver savings within a year or so and these opportunities will be built into the future savings programme for Adult Social Care.

### **Demand for Social Care**

6.6 Adult social care is still experiencing increasing demand for services. The number of new people contacting the council for support has increased by 65% since 2020-21 from 2,090 per quarter to 3,450 per quarter this year. Of the 10,400 people who have contacted the Council so far this year:

- 79% were supported with information and advice (tier one of the Better Lives Strategy)
- 13% received universal or reablement services (tier 2 of the Better Lives Strategy)
- 8% entered long term support (tier 3 of the Better Lives Strategy)

6.7 It is good that people seek information from the Council for advice and guidance, as this can significantly prevent or delay the need for formal social care and is in line with the Better Lives Strategy ambition. However, the number of people requiring formal social care services is growing in line with the growth in the ageing population and complexity of conditions as people live longer. This is translating into growing numbers of people receiving services funded by the Council, with those receiving care in the community significantly exceeding the annual projections for 22/23.

6.8 Over the period 2019 to 2023:

- The number of long-term clients in residential and nursing care has decreased from 1,530 to 1,437.
- Home care, direct payment and Supported Living clients have risen from 3,239 to 3,611.

The decrease in residential clients and increase in clients living independently is line with our Better Lives strategy to support people to stay living in their own home.

- 6.9 Overall, the number of long-term clients we are supporting has increased by almost 6% and we are projecting the numbers of both groups of clients to increase in the coming years. This increase may, in part, be linked to lockdown and the direct and indirect impact on people's frailty – if so, this effect should diminish in time. However, demographic change – the increase in older people in the population, people living longer and with more years with frailty and complex conditions – will be the greatest cause of increasing demand.

### **Preparation For CQC Inspection**

- 6.10 The Council is taking a proactive approach to preparation for its future CQC inspection. A key element has been to undertake a self-assessment using a tool developed by the Local Government Association. The main areas that we are identifying for further improvements are:
- How we work with residents to improve services.
  - Support for carers.
  - Information, advice and guidance and self-service support.
  - Consistency of practice, including application of the strength-based approach and prevention, and the effectiveness of care planning and multi-disciplinary team working.
  - Ongoing safeguarding improvements.
  - Identifying and responding to unmet needs.
- 6.11 An improvement plan has been developed and work is already underway to address many of the areas for improvement. Networking across the local government sector is also enabling services to follow best practice.
- 6.12 The CQC is seeking to reduce the inspection burden on councils by conducting much of its research into the Council online, so additional work is taking place to ensure our online information is comprehensive and easily accessible.

### **Preparation for Implementation of the Social Care Reforms**

- 6.13 Prior to the Government's announcement to delay the implementation of the social care reforms, the detailed planning work undertaken with the support of Ernst & Young and the Social Care Institute for Excellence (SCIE), identified that:
- Notwithstanding demographic change, the charging reforms are estimated to more than double the number of residents (an extra 2,300 to 3,000 people) who will be eligible to access services funded by the Council.
  - Without making any other changes, an additional 115 full time equivalent staff would be required across the Council to support the extra work involved.

- 6.14 The preparation work identified a number of improvements such as “backroom” automation and more easily accessible information which could significantly improve user experience, efficiency in managing the extra demand and reduce the number of extra staff required.
- 6.15 Whilst the delay in the reforms has extended the timescale, the changes and improvements will be incrementally introduced as they will additionally help to manage demand for services, regardless of the reforms.
- 6.16 The Council remains concerned that the majority of the costs of implementation will be an unfunded burden for the Council.

### **Key Staffing Issues**

- 6.17 Across the adult services, vacancy rates remain high, running at c. 24%. Alongside a rolling recruitment and retention programme, agency staff are used where necessary. There are currently 68 FTE agency staff (January 23), of which 28 FTE are externally funded.
- 6.18 Since February 2021, the adult social care service has received a total of 1199 applications for social work/occupational therapists posts, with just 141 appointments confirmed. The challenges in converting applications into appointments include candidates requiring more flexibility and wanting to work more from home, agency terms and conditions being preferred; and being offered posts elsewhere. A range of initiatives have been undertaken in the last year including:
- Meet The Expert - which showcase the experts and talent at the Council.
  - Virtual Try Before You Apply and targeted recruitment campaigns - to enable candidates to meet the teams and find out more about the work environment.
  - Agency conversion - promoting the corporate rewards and benefits, highlighting the benefits of converting to a permanent contract and holding specific sessions for agency staff to showcase the career development available at the Council.
  - Participating in external job fairs and skills shows.
- 6.19 Recognising the national and local challenges, a joint adults and children’s social care taskforce group has been established to strengthen and widen our recruitment approach, including:
- Return to Social Work - developing a programme and training plan for returnees.
  - Considering an overseas recruitment approach.
  - Combined recruitment - shared social media campaigns and job fairs for both services, including a Council social care recruitment fair in April.
- 6.20 As well as recruitment, the service is also focusing on retention and career development through a ‘grow-your-own’ programme, including:

- Social work apprenticeships – a 3-year scheme which, by the end of 2023, will have seen 11 members of staff awarded with a social work qualification.
- Assessed and Supported Year in Employment (ASYE) - supporting newly qualified social workers joining adult social care in Buckinghamshire.
- An 18-month post-graduate degree programme.
- A wide range of other in-house training, including specialist training.
- A social care trainee apprenticeship – an entry level role to encourage new staff into the health and social care sector.

6.21 Other key initiatives, in collaboration with the Buckinghamshire Health and Care Academy, include:

- Accreditation of an Approved Mental Health Practitioner (AMHP) Programme - the first in the country to be approved by Social Work England. This programme commenced in January 2023.
- A Buckinghamshire bespoke Occupational Therapy Programme - with multiple partners across the Health and Social Care Academy.

### **Adult Social Care service performance and new developments**

#### Seeleys Respite Centre

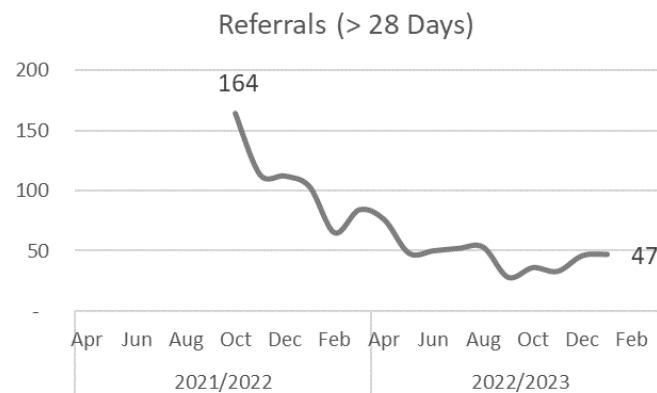
6.22 Seeleys House Short Breaks Centre is the Council's overnight residential service offering a respite care service for people with learning and/or physical disabilities in Beaconsfield. Seeleys House is registered to provide support for up to 12 residents. The service was inspected by the Care Quality Commission (CQC) in January 2023 and received a CQC Inspection rating of 'good' across all 4 criteria.

6.23 This rating shows significant progress from the previous 'requires improvement' rating received in 2019. The full CQC report has been published and is available to read on [the CQC website](#). Highlights include:

- Lots of appropriate, professional interaction between staff and residents. Residents were observed to be smiling, laughing, and relaxed in the home. Relatives described the staff as 'excellent,' 'approachable, caring, efficient, interested in who they are looking after,' and 'professional and friendly.'
- Right Support: The service gave people care and support in a safe, clean, well-equipped, well-furnished, and well-maintained environment that met their sensory and physical needs.
- Right Care: Staff promoted equality and diversity in their support for people and understood people's cultural needs and provided culturally appropriate, kind, and compassionate care.
- Right Culture: People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People received compassionate and empowering care that was tailored to their needs.

## Referrals

- 6.24 Over the past year, the service has focussed on reducing the waiting times for people to be allocated to a social worker. At the end of January, there were 47 new referrals for clients that had been pending allocation to a social worker for more than 28 days. This has fallen steadily since October 2021/22 when there were 164 clients waiting for longer than 28 days.



- 6.25 The service maintains contact with clients that are waiting for an assessment to ensure that their situation is not deteriorating and where appropriate, community café appointments are offered. Additional capacity is being added to support with assessments relating to welfare needs and occupational therapy assessments at the front door, which will further reduce the number of clients waiting over 28 days to be allocated to a worker.

## Community

- 6.26 The community café service continues to be offered as an alternative way for people to receive adult social care support and guidance. The cafés are now also supported by Occupational Therapy, the Council's Helping Hands service and Voluntary Sector partners such as One Recovery Bucks, Women's Aid and Connections Support.
- 6.27 Three community cafés are held each week, operating from 6 locations across the county - Aylesbury, Chesham, Beaconsfield, Buckinghamshire, High Wycombe, and Burnham. 1,114 people have used the service in the 12 months up to February 2023 - an average of 86 people per week. An online booking system is being developed so that people can book straight into a café.
- 6.28 As the support is often advice and signposting, measuring the impact of the service is challenging. We receive good feedback about the experience of using the service and, anecdotally, reports of good outcomes for people. In the coming period, we will be reviewing how we can more formally measure the impact of this service.

## Safeguarding



- 6.29 Safeguarding concerns continue to be an area of considerable demand. Currently about 50 referrals are received each day, with a monthly average in 2022/23 of 1,013. This compares to a monthly average of 914 in 2020/21. Through a series of improvement measures, this has reduced to 275 enquiries as of at the end of February 2023 - with 211 of those generated in January and February '23 alone.
- 6.30 Buckinghamshire Council consistently receives many more safeguarding concerns than other councils. A major element is inappropriate referrals from partner agencies and a key area of activity is to reduce this element. However, performance is comparable with other local authorities in reducing or removing risks and in relation to the proportion of outcomes achieved by the individuals.
- 6.31 Although the responsibility of the partnership Buckinghamshire Safeguarding Adults Board (BSAB), the Adult Social Care and Integrated Commissioning services participate where appropriate in the Safeguarding Adult Reviews (SARs). During the last 6 months, the BSAB was involved in five SARs and also ran one safeguarding practice learning event. Once completed, the SARs are published on the [BSAB website](#).
- 6.32 A key improvement in the SAR process is better involving families in reviews. There has been a Good Practice Guide developed as a guide for professionals running Reviews, based on the Advocacy After Fatal Domestic Abuse (AAFDA) '7 Steps' model, and there has been a parallel leaflet developed for families to be given at the start of the Review process along with information about SARs and the work of the BSAB.

#### Locality Development

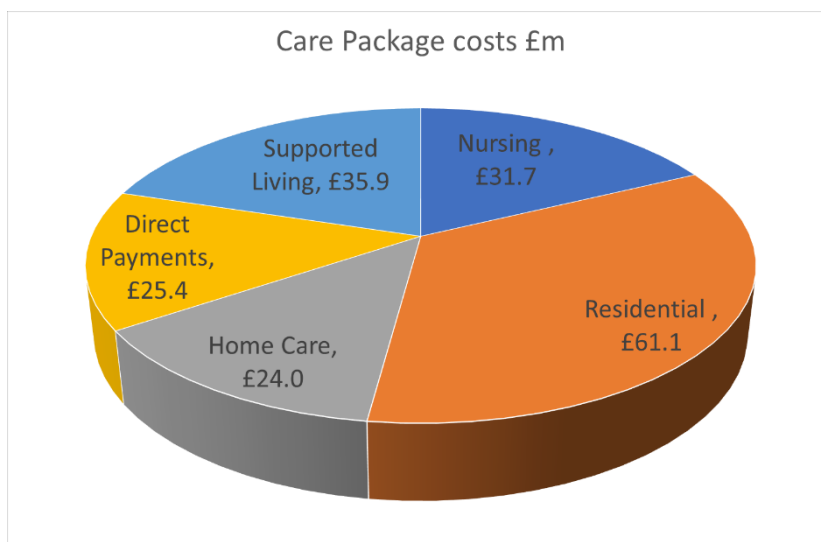
- 6.33 During the last year, adult social care has developed closer working relationships with the local Primary Care Networks (groups of GP practices) and the Council's community board officers. This has included establishing links, where capacity allows, with individual PCNs, attending GP surgery meetings to discuss concerns, linking with social prescribers, and identifying community activities that clients can join in their local communities.

### **7. Financial Performance**

- 7.1 At the end of quarter 3 of the current financial year, adult social care was projecting a year end overspend of £2.7m on a £168.0m budget. This represents a 1.6% overspend. Further mitigations include -£1.6m remaining contingency, -£0.25m Direct Payment additional clawbacks, and the potential use of further contingency to cover inflation and National Living Wage pressures from providers.
- 7.2 As reported in the last update to Cabinet in October, the increasing costs are due to increased numbers of clients, increased complexity of the needs of clients and increased price pressures. Inflationary pressures are one of the largest risks with

annual increases currently around 7%. For example, the average cost of nursing home care for a new client is £61k p.a. compared to £56k p.a. for clients leaving the service. Reasons for the increase in complexity and volume are in part due to changes in hospital discharge, general demand of an aging population, the complexity of young people transitioning from Children's Social Care and service users moving to social care after exhausting their own funds.

- 7.3 The vast majority of the adult social care budget is spent on the cost of social care for our residents as illustrated in the chart below.



- 7.4 Adult social care has delivered 94% (February 2023) of its savings target of £3.258m in 2022-23 and is on track to deliver 100% by the end of the financial year.
- 7.5 To achieve this has been very challenging when set against the increasing number of clients and their complexity. For example, the budget had assumed that more people would be supported to remain at home rather than people entering residential and nursing care. Although this has been achieved, the overall numbers of people requiring a service has been more than budgeted.

## 8. Other Options Considered

- 8.1 N/A

## 9. Legal and Financial Implications

- 9.1 N/A

## 10. Corporate Implications

- 10.1 Adult social care services are provided as part of the Council's delivery of its corporate plan priority of 'Protecting the Vulnerable.' The update provided above has identified implications for the Council.

## **11. Local Councillors & Community Boards Consultation & Views**

11.1 This report does not require consultation with local councillors or Community Boards.

## **12. Communication, Engagement & Further Consultation**

12.1 No specific communication or engagement is required in relation to this report.

## **13. Next steps and review**

13.1 N/A

## **14. Background papers**

14.1 N/A

## **15. Your questions and views (for key decisions)**

15.1 If you have any questions about the matters contained in this report, please get in touch with the author of this report. If you have any views that you would like the cabinet member to consider, please inform the democratic services team. This can be done by email to [democracy@buckinghamshire.gov.uk](mailto:democracy@buckinghamshire.gov.uk).

