



**REPORT TITLE: ADULT SOCIAL CARE UPDATE**

<b>Scrutiny meeting</b>	Adult Social Care and Communities Scrutiny Committee
<b>Chair</b>	Cllr Lisa Spivey
<b>Presenting Officer</b>	Amanda Jones
<b>Item Type</b>	Information – Director’s Report
<b>Purpose of Report</b>	Information
<b>Recommendations/ Action sought</b>	To note the contents of the report.
<b>Forthcoming Decisions</b>	None
<b>Background Documents</b>	Embedded in the document below.
<b>Appendices</b>	None
<b>Contact Information</b>	Sarah Scott – Executive Director of Adult Social Care, Wellbeing and Communities <a href="mailto:Sarah.l.scott@gloucestershire.gov.uk">Sarah.l.scott@gloucestershire.gov.uk</a>

## **1. Respite Services**

Further to a discussion at the last meeting of this scrutiny committee, further details are provided below on the provision of respite services.

### **GCC In-House Services**

There are three in house (IH) learning disability respite services: [Cathedral View](#) – Gloucester (9 beds and open 24/7, 7 days a week), [The Vicarage](#) – Cheltenham (5 beds and open 24/7, 7 days a week) and [Longhouse](#) – Stroud (6 beds and operates 12 days open and 12 days closed).

In total, there are 105 people currently allocated to IH respite provision (who book their allocation across this year). Length of stay can vary between 1 to 12 days. Bookings are managed via requests (every 3 months to request dates for respite for the following 3-month period); this approach is commonplace in respite services and ensures an even spread of allocations. Service bookings consider individual allocation, risk matching, staffing levels and overall capacity. In addition to this, emergency placements (to individuals who are allocated respite and who are not) are accommodated by respite services. The service currently has 4 emergency placements (2 at Cathedral View) and (2 at The Vicarage).

The capacity of the services is dependent on the staffing available. Over the last three years the service has carried significant vacancies. Across the services, there are circa 28 people employed (including team management, one administrator and care staff). This is the strongest position regarding staffing levels in for 3 years and due to the implementation of the Adults Recruitment and Retention strategy.

## **2. GCC commissioned respite care**

Much of the respite is commissioned in a planned way based on the detail described in support plans. However, it is sometimes necessary to commission emergency respite provision. Residential respite is spot purchased for both older people and those with caring responsibilities/Carers. Community based respite provision includes sitting services and domiciliary care and is also purchased on a spot basis.

Programmed respite is included in support plans for those receiving care and support at home. A number of weeks of respite in residential care provision are added to the individual support plan so that the individual or their carers can arrange a short-term placement in a care home, (normally a week at a time, however the option for the length of the respite placement is decided by the individual or their carer). At present Brokerage have 11 individuals where we are arranging programmed respite.

People requiring respite will contact the adult social care helpdesk who will advise the Brokerage team to look for a placement for the relevant period and requested start dates.

Emergency Respite can be arranged where there is carer breakdown or where there is a steep decline in those receiving care at home due to a short-term or long-term changes in needs. It is difficult to identify the amount of emergency respite in the adult social care system as they are in effect a short-term placements. And not differentiable

from other short-term placements, including those at the start of a planned long-term placement. However, on average, we estimate that there are approximately five emergency placements per week.

Gloucestershire Carers Hub (GCH), a GCC commissioned service, offer short breaks for Carers, normally about three hours in duration per week. Respite needed in excess of three hours is accessed via adult social care and is logged against the cared for and not the Carer.

A Carer will be assessed by the GCH and if eligible need is identified in relation to a break from the caring role, a variety of options will be discussed including a short break. GCH pay for these breaks from their budget. At the current time there are approximately 160 Carers receiving short breaks.

### **3. Engagement on the new charging policy engagement**

Gloucestershire County Council is currently reviewing its Adult Social Care non-residential [charging policy](#) (full title GCC ASC Fairer Contribution Policy). The council has to ensure that the policy is fair and appropriate for service users and residents of the county, both now and in the future. Gloucestershire County Council has commissioned the Consultation Institute to help to prepare the authority for both pre-consultation engagement and public consultation.

A working group from within the council has been meeting to undertake planning for pre-consultation engagement work. An early first step undertaken by the working group was stakeholder mapping. This has helped to understand the scope of those affected and support the initial drafting of Equality Impact Assessments.

Gloucestershire County Council is working with Evolving Communities, an independent community interest company. They will help to support the engagement process and will provide a trusted independent position to help gather feedback. The mapping activity has also been used to recruit a stakeholder group to guide the engagement process. The working group has initially worked with internal stakeholders, experts from the Consultation Institute and Evolving Communities to support designing the engagement process. We are keen to ensure we have as wide an engagement opportunity as possible.

Following the engagement process, the feedback gathered will be collated and shared. The next steps will be confirmed. This report will be available to the public. The engagement activity may result in a formal consultation to help update the future policy.

Notable dates: 31<sup>st</sup> July – 29<sup>th</sup> August 2023 the pre-engagement phase where all are invited to share their views. Evolving Communities will be facilitating a number of drop-in sessions throughout the county, they can also provide options for people to have a one to one conversation or facilitate a group session in preferred. There is an online portal with further information and an online survey [Adult Social Care - Charging Policy Engagement | Have Your Say Gloucestershire \(engagementhq.com\)](#).

30<sup>th</sup> August – 29<sup>th</sup> September 2023 the feedback will be analysed and published by the end of September.

#### **4. Preparation for CQC assurance and the LGA peer challenge September 2023**

The new duty for the Care Quality Commission (CQC) to independently assess the performance of local authorities delivering their adult social care functions came in to being on 1 April 2023.

##### **Key stages in our preparedness**

- **October 22-March 23** internal workshops focused on what we are doing, how we know, and what we are doing about it. Followed by focused sessions on data, impact and voices of people with lived experience and staff.
- **March** self-assessment v1 complete
- **March-June** extensive engagement with staff of all levels, external partners including VCSE and representatives of people who draw on social care services.
- **June** self-assessment v2 complete
- **June-August** LGA peer challenge preparations and engagement.
- **July** self-assessment v3 updated with Q1 data. Final version.
- **19-22 September** LGA peer challenge (includes case file audit and onsite visit)
- **September** implement and deliver Quality Strategy

##### **How prepared are we?**

Extensive engagement has given us good insight into what our colleagues and partners would say to CQC. Our self-assessment is qualitatively robust, but gaps in our data hinder our evidence base and visibility of potential issues. The four-day LGA peer challenge will validate our story and test out how well we can run an external regulatory process. We need to design and implement our ongoing assurance and improvement process – our Quality Strategy and assurance design will be complete by September.

##### **What story are we telling?**

We have got the basics right, but improvement has been identified in all areas – pockets of good practice and innovation but we need to further embed and develop what we have started. We have good foundations for improvement in our transformation programme, and our leadership team is new and ambitious for the service, but we recognise the need to bring people with us internally and externally. We need to tell our story to better effect and improve wider understanding of what adult social care is here for. Data and intelligence need to become an enabler – our Data and Intelligence strategy is in draft and delivery planning has started.

##### **What can we expect?**

- A focus on what we hear from people with lived experience, equality, diversity and inclusion (community engagement) and co-production. Improvement is needed in these areas, and we will need to consider how far our ambitions and investment should and could go.

- A focus on outcomes and impact. This is a challenge for us, and we need to focus on the question “what difference are we trying to make” as well as measurement.
- We are sure that we know ourselves and have an improvement plan in place which will give confidence – this will be validated by the LGA peer challenge.
- The intervention process has been published by the Department of Health and Social Care and focuses on improvement support with statutory intervention in situations where the improvement plan is not considered robust, sustainable or realistic<sup>1</sup>.

We plan to bring an update for scrutiny on our preparations for CQC assurance and the delivery against our improvement plan to the meeting 5 March 2024.

## **5. Adult Social Care (Operations)**

In delivering good quality and effective social work services to the people of Gloucestershire and their Carers, we invest in our workforce to ensure they are equipped with the necessary skills, values, training and support that enables them to undertake their roles effectively. Practising social work in this context, whilst being a statutory activity, it is fundamentally a relational activity and when practiced well has the ability to positively transform and improve people’s lives.

Outlined below is a brief overview of findings from two sources, that help evidence some of the ways we achieve this, and our performance when doing so:

### **5.1 2022/2023 LGA Standards for Employers of Social Workers health check**

We received the highest grading of “Good” across all 8 standards, this representing improvement from 2021 where 7 out of 8 were graded as Good. We retain our ranking of 5<sup>th</sup> in the Southwest region (out of 16 in 2021, and out of 15 in 2022); we have improved our national ranking from 70<sup>th</sup> out of 147 in 2021, to 37<sup>th</sup> out of approximately 112 in 2022.

Actions taken that have influenced this improvement include:

- Review of adult social care (ASC) operations training and CPD opportunities by the Principle Social Worker and practice development team.
- Expansion of grow our own initiatives supporting recruitment and retention, providing clear career pathways.
- Refresh of our Make the Difference strengths-based practice model.
- Revised supervision policy, having an increased focus on employee wellbeing complimenting GCC’s wider wellbeing support offer.
- Work at a strategic and operational level that promotes effective working relationships with partner organisations.
- Agile working developments.

### **5.2 CCInform**

CCInform is a professional publication that provides online resources for social workers and social care professionals; these resources support evidence-based

---

<sup>1</sup> DHSC Operational framework for adult social care intervention in local authorities [Operational framework for adult social care intervention in local authorities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/90442/Operational_framework_for_adult_social_care_intervention_in_local_authorities_-_GOV.UK.pdf)

practice and decision making, drawing on trusted and tested sources including legislation, statutory guidance, national policy, research and caselaw.

The data we receive from CCInform indicates this resource is in regular use by practitioners, and more recently we are gathering evidence of its use by those in leadership roles. Data for the first quarter in this financial year show:

- 160 people across ASC operations utilised the resource, visiting almost 2600 pages between them including 17 members of management, from assistant managers/deputy social care managers to the Head Adult Social Care Operations.
- Popular resources accessed this period included: new caselaw; Mental Capacity Act related case law; webinars on advocacy, and transitions; continuing health care; Liberty Protection Safeguards; self-neglect; strengths-based practice hub; dementia knowledge and practice hub; domestic abuse knowledge and practice hub; safeguarding knowledge and practice hub; mental health knowledge and practice hub including the new podcast on personality disorder.

The nature of the resources being accessed give an indication of the complexity of work being undertaken in the Adult Social Care Operational teams.

In our usage of CCInform we have performed consistently well, frequently being in the top 3 of all users nationally. In the first 6 months of 2023 we were placed in the top position in each month. This provides evidence of an appetite, and culture, of learning and development which is self-directed and compliments our formal training arrangements.

The Principal Social Worker is establishing a Learning and Development Evaluation Forum to bring together the intelligence we receive from CCInform, practice quality audits, training and CPD evaluation. The forum will help assure our learning and development offers and to understand areas of practice and process which are strong, and those areas where additional focus should be made. Membership of the forum will be drawn from both the practice development team and ASC operational senior management.

## **6. Hospital and Out of Hospital Work**

Adult Social Care (ASC) continue to offer flexible and dynamic support to maximise flow out of the acute hospitals. Our social care workers continue to assist admission avoidance in the emergency department alongside the Home Assessment Team, building on previous success. ASC also offer telephone support 7 days a week to provide information, advice and guidance to further assist admission avoidance. Work continues to be undertaken to streamline activities that take place across the social care and health system in respect of hospital and out of hospital work. Regular meetings with senior leaders help shape a joined-up approach by adopting national definitions, and agreements can be reached quickly about using resources effectively to get the best outcomes for those we are here to support.

We are developing more streamlined processes with our system partners to support discharge from hospital and improved outcomes for people, supporting a multi-

disciplinary model to help drive Home First principles and achieving best outcomes for people. This is part of a wider system transformation programme that is taking place. Part of this work includes making optimal use of shared systems, reducing delays and working towards shared data sets. Although we are at the beginning of this work, we have already seen improvements in outcomes for those waiting on discharge from acute hospital and in our out of hospital pathways. We are improving our out of hospital pathways by supporting more people to go home where it is appropriate for them to do so. For those that require a short-term period of rehabilitation and recovery in a bedded setting, we are undertaking activities to develop our model so our highly skilled workforce is working with people to identify and support any long term needs effectively.

We are about to commence the next phase of this system wide work which includes the development of workstreams focussing on all areas of urgent and emergency care and discharge pathways. This includes hospital admission avoidance, hospital discharge and decision making, discharge pathways and care at home following hospital discharge.

## **7. Safeguarding Single Point of Access**

The new Safeguarding Adults Single Point of Access team was launched on 3 August. Safeguarding contacts from professionals now come directly to the Safeguarding Adults Team via an enhanced referral form and are then screened by dedicated staff. They make the decision about whether a contact suggests that a safeguarding enquiry under section 42 of the Care Act may be needed before passing those contacts on to the team's Practitioners as safeguarding concerns. Prior to this date, all contacts went to the Adult Help Desk

There are several benefits to this new approach:

- All contacts will be considered by dedicated safeguarding support staff.
- Feedback will be provided to referrers on whether the contact has been passed to the practitioners as a safeguarding concern, and signposting provided in cases where it has not.
- Improved communication and better understanding among professionals about when a safeguarding enquiry may be needed and when other routes are more appropriate.
- Improved information gathering to assist with decision making.

The new process has been positively received so far, with the team receiving a number of comments about the clearer referral form and the value of the feedback on referrals.