

In year Directorate briefing from Integrated Adult Social Care

Report of the Director of Integrated Adult Social Care, Devon County Council

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

1) Recommendation

That the Health and Adult Care Scrutiny Committee notes the contents of the report and considers what it might mean for its work programme over the next and final two committee meetings, and how it might recommend areas of focus for the subsequent Health and Adult Care Scrutiny Committee under the next administration.

2) Background / Introduction

- 2.1 Adult social care is driven by statutory duties under the Care Act, with a focus on ensuring the safety of those receiving care, identifying unmet needs through the application of the national eligibility criteria, and national eligibility criteria for carers.
- 2.2 Person-centred care remains central to our work, tailoring support to individuals' unique needs and goals, including co-producing with people and families through every conversation we have, to shape services and the support in their homes, neighbourhoods and communities.
- 2.3 Facing the growing demographic pressures and complex care demands in Devon, the directorate is adapting its structure and teams, including reshaping the safeguarding service and strengthening its commissioning approach to support care market sufficiency, quality, and safety.
- 2.4 This includes working collaboratively with Public Health to understand the challenges ahead, developing responses that will prevent, reduce and delay the need for adult social care. The commissioning team has also been reshaped and restructured to be leaner and more strategic, shaping our teams around the independent provider markets ensuring we are clear on what we need from them.
- 2.5 A focus on continual learning, coproduction, and practice quality assurance is driving improvements in productivity and positive outcomes. This includes the development of Practice Quality Assurance with a robust governance and a framework that includes our new Practice Values and Standards that are reshaping our culture, our consistency and pace, ultimately to help the people we serve achieve better outcomes.

- 2.6 We are starting to see progress on waiting lists and waiting times for Care Act assessments and reviews. There is however still a lot to do in this area.
- 2.7 This report provides an in-year update on the finance and performance of Integrated Adult Social Care and highlights the key risks facing the Directorate.

3) Main body

3.1 Key risks in Integrated Adult Social Care

3.1.1 The Health and Adult Care Scrutiny Committee has regular sight of the [Integrated Adults Social Care Risk Register](#), and has considered it when developing its work programme.

3.1.2 The key risks of the Directorate can be summarised as the following:

- a) Lack of sufficiency across the following services risks not being able to meet our Care Act statutory duties:
 - Home care
 - Care homes
 - Short term services, particularly to enable people to return home from hospital
 - Complex care such as dementia care

- b) Challenges in recruiting a sufficient internal and external workforce including in the following roles risks not being able to meet many of our statutory duties:
 - Qualified adult social care professionals
 - Adult Mental Health Practitioners
 - Independent personal care workforce

- c) Long waiting lists and waiting times for the following assessments and reviews risk us not being able to meet our statutory duties, breaching human rights, and resulting in more intensive and expensive care as promoting independence opportunities are missed:
 - Care Act
 - Deprivation of Liberty Safeguards
 - Safeguarding

3.2 National context

3.2.1 The [ADASS annual spring survey](#) highlighted that many of these risks are the common experience across the country:

- a) The financial challenge facing adult social care across the country is as bad as it has been in recent history. This coupled with the increasing complexity of need, means that Directors' confidence in delivering on their legal duties is faltering.

- b) The complexity of people's adult social care needs means that more people now require more intensive care and support, and there has been an increase in the number of people receiving homecare requiring more than one member of staff.
- c) Care markets remain unstable, with many providers struggling, resulting in more unpaid carers are coming forward with an increased level of need.

3.2.2 The [ADASS annual autumn survey](#) published on the 6 November highlighted the following:

- a) Adult social care financial pressures are intensifying, meaning that councils continue to face challenges in fully delivering on their legal obligations to people accessing care and support and their carers.
- b) More councils are being required to make savings despite growing levels and complexity of need and escalating costs.
- c) To achieve the Government's goal of shifting health and social care from "sickness to prevention," investment is needed to ease council pressures that currently limit spending to only those with the highest needs.
- d) The workforce is key to making community-based health and social care a reality.
- e) The Better Care Fund is vital for sustaining adult social care and aligning it with local finance cycles, and earlier framework publication could enhance its effectiveness from 2026.
- f) Access to better and more joined up health and social care data can transform our understanding of people's needs and the support that suits them best.

3.2.3 In response to the [latest data collected by Skills for Care \(SfC\)](#), CEO Oonagh Smyth has said '...it's clear that social care is struggling to compete for staff in local labour markets so longstanding domestic recruitment and retention challenges exist.'

- a) International staff have driven a recovery in the workforce over the past two years, but SfC data shows that the number of overseas recruits to the social care sector has plummeted, the sharp drop started in the month after a [ban came into place](#) on overseas care staff from bringing dependants with them when taking jobs on health and care worker visas.
- b) From April to June this year, an estimated 8,000 international recruits joined the adult social care workforce in England, down from a quarterly average of 26,000 in 2023-24

3.2.4 The CQC latest report on the [State of Care 2023-24](#), reflects these challenges facing adult social care and points to outstanding adult social care providers putting people at the heart of all decision making. Person-centred care, delivered with compassion and integrity, still makes a big difference to people's lives:

- a) The need for social care continues to increase, including needs when people are discharged from hospital. However, supply has not always kept pace, meaning more people are not getting the support they need.
- b) At 5.4%, staff vacancies in care homes at the end of 2023/24 were at their lowest rate for the last 3 years. Increases in international recruitment showed signs of levelling off over 2023/24, and there has been a steep fall in the number of overseas workers applying for health and care worker visas – representing an 81% decrease in the period April to July 2024 compared with the same period in 2023.
- c) The demand for adult mental health services continues to grow, and even more so for children and young people, with ever increasing numbers seeking care and support for their mental health.
- d) Too many people are waiting too long for a Deprivation of Liberty Safeguards (DoLS) authorisation, despite multiple examples of local authorities trying their best to reduce backlogs and ensure sustainable improvement.

3.3 Devon workforce context

3.3.1 The [Skills for Care latest data set](#) states:

- a) Since the previous year, the total number of posts in Devon has increased by 850 (3%), the number of filled posts has increased by 1,200 (4%) and the number of vacancies has decreased by 325 (14%).
- b) In 2023/24, the CQC register showed there were 479 regulated services in Devon; 312 were residential and 167 were non-residential services. (CQC data states the quality of Devon's care providers is rated better than all comparator averages with 85.8% of care homes and 75.9% of community services rated Good /Outstanding.)
- c) In Devon, the estimated 28,000 filled posts were split between local authorities (4%), independent sector providers (72%), posts working for direct payment recipients (13%) and other sectors (11%).
- d) The staff turnover rate in Devon was 27%, was similar to the regional average of 26.1% and England at 24.8%; around half (49%) of starters were recruited from within the adult social care sector.
- e) The vacancy rate in Devon was 7%, marginally lower than the regional average of 7.4% and national average at 8.1%.
- f) Workers in Devon had on average 9.9 years of experience in the sector and 73% of the workforce had been working in the sector for at least three years.
- g) The average number of sickness days taken in the last year in Devon was 5 compared with 4.9 in the South-West region and 5.3 across England.

- h) 53% usually worked full-time hours in Devon and 47% were part-time with 14% on zero-hours contracts.
- i) 81% of the workforce in Devon were female, and the average age was 44.5 years old while 30% are 55+.
- j) 83% of the workforce in Devon identified as British, 12% as of a non-EU nationality, and 5% of an EU nationality
- k) Hourly pay in Devon is similar to the regional and national averages; for a typical care worker this was £11.27 at 85p above the National Living Wage, and for a senior care worker £12.08 at £1.66 above.

3.4 Month 6 Position: Revenue Expenditure Integrated Adult Social Care

- 3.4.1 Integrated Adult Social Care services are forecast to overspend by £1.1 million, an increase of £4,000 from month 4. The position assumes that £29.1 million of savings are deliverable against the budgeted target of £29.4 million. Of this £21.6 million is deemed as delivered in that action has already taken place to secure the saving.
- 3.4.2 Adult Care Operations is forecasting an overspend of £1.4 million. There continues to be a mix of price and volume variances against budget levels, with growing pressures being felt in Learning Disabilities and Physical Disabilities.
- 3.4.3 Adult Commissioning and Health is forecast to underspend by £284,000.
- 3.4.4 The Better Care Fund (BCF) programme supports local systems to deliver the integration of health and social care in a way that promotes person-centred care, sustainability and better outcomes for people and carers. It is a pooled budget between Devon County Council and Devon Integrated Care Board. There is currently a forecast overspend of just under £4.3 million associated with the BCF. This is mainly the result of pressures within the Community Equipment Service and budgets allocated to locality leads. Work is underway to mitigate and reduce this risk, but should it crystallise the agreement that underpins the pooled budget arrangements mean that the Authority would be responsible for funding 50% of any end of year deficit. This £2.1 million forecast pressure, an improvement of £191,000 from month 4, is reflected within non-service items detailed within section 3.30 of the [Month 6 Budget Monitoring Cabinet Report](#).

3.5 Update on activity

- 3.5.1 As of 31 September 2024, compared to the same period last year, IASC was supporting:
 - 11,418 people, a net increase of 342 or 3.1%
 - An increase of 10 or 0.2% working aged adults
 - An increase of 331 or 5.2% older people

- An increase of 81 placements, 87 more for people aged 65 and over in residential and nursing care, and a reduction of 6 placements for people aged 18-64
- 1088 people in shared lives / supported living, and increase of 617 or 131.0%

- 3.5.2 Our waiting list for those waiting to receive assessment under the Deprivation of Liberty Safeguards is currently averaging around 3400 and this is increasing year on year.
- 3.5.3 Previous and ongoing investment is ensuring the Service has capacity to focus on individuals at most risk, and start to address the increase in referrals and backlog. The productivity of the DoLS Service has been independently assessed as very good, it is the sheer volume of DoLS applications being received currently at 160 per week that means waiting lists remain high.
- 3.5.4 Devon now has the highest number in absolute terms of acute hospital applications of any local authority in the country and the 4th highest by proportion. DoLS waiting lists are a national concern.
- 3.5.5 Locally, work is taking place to bring together the co-ordination and assurance / oversight functions of our statutory duties in relation to individuals experiencing a deprivation of liberty. This will include those deprived of their liberty in a community setting (e.g. in people's homes, supported living) and in twenty-four-hour care and health settings. Providing a central DoLS co-ordination service will ensure clear oversight and improve people's experience and outcomes, and further improve productivity.
- 3.5.6 We have centralised Safeguarding arrangements into a single hub to ensure more consistent triage and practice. Although increasing in over 5 years, the concern rate is below, and enquiry rate significantly below benchmark indicating potential under reporting of concerns in health and care settings.
- 3.5.7 Safeguarding outcomes are positive with more people than is typical elsewhere saying their desired outcomes have been achieved, however there are currently 1093 open safeguarding concerns. Of the open concerns 49.3% (539) of them are open from 0-30 days, new referrals, 23% (247) are open 31 to 60 days and 27% (307) open over 60 days.
- 3.5.8 Waiting lists for Care Act needs assessments and financial assessments are too long, and reviews are not happening frequently enough. At the end of September 2024 there were 2500 people waiting for a Care Act Assessment and 4200 people overdue a Care Act review.
- 3.5.9 A Learning and Managing Effective Workflow programme has been established to improve care management productivity and reduce waiting times with early signs of improvement.
- 3.5.10 Financial assessments are undertaken by the Client Financial Services team in the Finance and Public Value Directorate. As at the 21 October 2024, a total of 2,730

financial assessments were outstanding, consisting of 1,101 for residential clients and 1,629 for non-residential clients.

- 3.5.11 It is reasonable to expect that approximately 1,000 financial assessments will be outstanding at any given time, due to the regular inflow of cases and processing times. Taking this into consideration brings the number of financial assessments that could be considered as overdue to 1,730.
- 3.5.12 The current average time from the date of referral to the completion of a financial assessment is 123 days. The median is currently 84 days. Completion times and outstanding workload volumes have improved significantly following a restructure of Client Financial Services, upskilling of the workforce and the introduction of performance management targets.
- 3.5.13 We have maintained the progress made since January 2023 with approximately 90% reduction in the number of care hours that are waiting to be arranged. This means more people are receiving their preferred care, and less people receiving less optimal care such as a short-term care home placement, or additional and unnecessary time in hospital.
- 3.5.14 We have significantly improved capacity in the personal care market, including through international recruitment, but the challenge set out in section 3.2 above are cause for concern and risk undoing the progress made.
- 3.5.15 We are focussed on developing specialist solutions such as for the increasing number of people we support with dementia. We are working with the local care providers to ensure more people with more complex needs can remain in Devon.
- 3.5.16 Practice Quality Reviews (PQR) are a process in which staff take an objective and reflective look at each other's practice to support learning and improvement. PQRs are now re-established and embedded, but numbers are still below target.
- 3.5.17 Survey satisfaction ratings with adult social care in Devon remain in the top quartile of local authorities in England, and the CQC continues to rate the quality of the independent provider care market in Devon better than regional and national comparators.

4) Options / Alternatives

N/A

5) Consultations / Representations / Technical Data

N/A

6) Strategic Plan

- Improve health and wellbeing, including any public health impacts
- Help communities be safe, connected and resilient

7) Financial Considerations

N/A

8) Legal Considerations

N/A

9) Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

N/A

10) Equality Considerations

N/A

11) Risk Management Considerations

Related risks appear within the IASC Risk Register

12) Summary

That the Health and Adult Care Scrutiny Committee notes the contents of the update and considers what it might mean for its work programme over the next and final two committee meetings, and how it might recommend areas of focus for the subsequent Health and Adult Care Scrutiny Committee under the next administration

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Local Government Act 1972: List of background papers

Background Paper

Date

File Reference

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