





Executive summary

This report analyses the self-assessments undertaken in 2017/18 by of 22 of the 23 councils in the North West Region of England, using the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) Risk Assessment Tool.

The key characteristics of the North West region evident from this exercise are:

- comparatively experienced political and professional leadership
- somewhat patchy progress on delivering the key principles of the Care Act 2014, with some councils leading practice, and some in the rear guard nationally
- continuing issues to address in relation to delayed transfers of care (DTOC)
- well-developed plans for closer integration with the NHS, particularly in Greater Manchester but also a range of anxieties about the profile of social care in these partnerships, practicalities and how learning can be shared.

Across the region there are several challenging issues in play. From the councils' responses, it is difficult to objectively assess whether, overall, they are fully confident that they can mitigate the most pressing risks to their adult social care (ASC) systems. Nonetheless, the range of risks and challenges are clearly recognised and councils are being proactive in addressing them and doing all they can to ensure continuity of ASC provision for residents. Support from the wider region, including through North West ADASS, was cited as a key source of support and help to councils in mitigating the challenges ahead.

Top five regional risks in order of priority:

- 1. Care market sustainability and capacity.
- 2 Managing demand within current and reducing resources going forward (and in equal second place).
- 3. Workforce availability to fulfill market requirements.
- 4. Partnership issues, including impact of pressures within health economy.
- 5. Delayed transfers of care.

All councils indicated that they were experiencing specific demand pressures that are causing them concern. For over 50 per cent of councils, feedback suggests that their demand management measures are having some success. However only six (25 per cent) indicated any confidence that they can continue to contain this demand going forward, with 25 per cent expressing a complete lack of confidence that this was sustainable.

96 per cent of councils indicated that their local health economy is experiencing significant financial, organisational and/or performance challenges that are likely to impact the deliverability of the Better Care Fund (BCF)/ Improved Better Care Fund (iBCF).

In terms of meeting their BCF-related targets, slightly more of the North West councils appear positive about their performance on planned admissions to care homes (71 per cent) compared to emergency admissions (57 per cent) and DTOCs (52 per cent). Only around a third of councils say they are confident that the most pressing challenges in relation to BCF will be resolved.

NORTH WEST ADASS SECTOR-LED IMPROVEMENT

Almost all (95 per cent) say they are facing workforce challenges that are of concern or worsening. There are major problems in both recruitment and retention of employees in the adult social care sector. Within commissioned services, there is a significant pressure on recruiting and retaining suitably qualified staff residential and home care staff. With home-based support there is a shortage of individuals who can provide personal care.

Seventy-seven per cent of responses referred to recent instances of business failure and/or unexpected withdrawal of providers from the market.

In relation to adult safeguarding, risks highlighted were:

- the need for tighter Quality Assurance of case files/audits
- a lack of shared intelligence limiting the opportunity to identify themes and trends that should influence front line practice
- ensuring a proportionate response so that safeguarding practice can continue to provide a robust and timely framework within existing resources.

There was a strong consensus on the areas for improvement activity and support, regionally and sub-regionally and these parallel the main risk areas:

- resource pressures
- market capacity and sustainability
- workforce
- developing and maintaining partnerships.

The report also identifies councils that are willing to share good practice approaches with regional colleagues on topics including: models of integration, joint commissioning, asset-based approaches, recommissioning services and reducing delays in Deprivation of Liberty Safeguards (DOLS) assessments. It also identifies where there is scope for peer to peer support between councils performing well and those underperforming or seeking additional support from sector colleagues.

Full self-assessments have been collated into a searchable database by the LGA. This will enable the development of an online approach to self-assessment in future. Analysis of all 22 self-assessments suggests that North West ADASS has several immediate and medium-term challenges to consider as part of its deliberations about supporting adult social care to manage and mitigate risk going forward:

Key questions for the North West ADASS branch:

- 1. How do we sustain the leadership and visibility of ASC in emerging integrated organisational models?
- 2. Do we provide sufficient support to new Directors of Adults Social Services (DASSs) in negotiating their first budget round and driving forward their agenda with corporate colleagues, especially if they are not part of the corporate executive team?
- 3. How do we challenge each other, and improve the performance of our lowest quartile performers, on the authenticity of choice and control in line with the principles of the Care Act?
- 4. How do we make an impact on the region's over-reliance on residential care?
- 5. How do we implement the safeguarding improvements identified by this report?
- 6. How do we develop regional and sub-regional approaches to workforce challenges across the whole care and health sector? Are we sufficiently focused on what the future workforce will look like and are we planning for this now?
- 7. How do we actively and positively engage as partners with our care market regionally and subregionally on sustainability, quality, under-provision, personalisation and managing provider failure or market exit?
- 8. How prepared are we for managing any failure to meet or sustain BCF/iBCF performance targets and any financial and reputational damage from ongoing under-performance on DTOCs? How do we mitigate factors outside council control, for example, workforce and service availability which nonetheless affects our ability to meet demand and targets?
- 9. Do we have sufficiently robust plans in place to manage the financial risks associated with transforming care?
- 10. What medium-long term plans do we have in place to manage future demand for adult social care?
- 11. How do we make the most of the richness of our SLI approach to broker the sharing of good practice?