Buckinghamshire County Council

Visit **democracy.buckscc.gov.uk** for councillor information and email alerts for local meetings

Report to Cabinet

Title:	**Adult Social Care Update**
Date:	Monday 26th June 2017
Date can be implemented:	Tuesday 4th July 2017
Author:	Cabinet member for Health and Wellbeing
Contact officer:	Sheila Norris
Local members affected:	(All Electoral Divisions);
Portfolio areas affected:	Health and Wellbeing

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary
The purpose of this report is to provide an update to Cabinet on the national, regional and local developments in relation to Adult Social Care - part of the Communities, Health and Adult Social Care Business Unit (CHASC).

Recommendation
Cabinet note the national, regional and local developments in relation to Adult Social Care and support development for further improvements to the service.

National Context

1. Introduction

Over the last year adult social care has been in the national spotlight. The combination of a growing and ageing population, increasing complex care needs and increases in core care costs have placed health and adult social care services under pressure. Social Care is facing a number of challenges and the care provider market is at risk of becoming unsustainable. Proactive transformation and integration of health and social care services is seen as essential to improving outcomes for people and value for money. This paper summarises the main national challenges and updates on local developments, including planned next steps.

2. Legislation – Adult Social Care responsibilities

The statutory basis for adult social care is substantially different from children's social care. The primary legislation is the Care Act 2014 (implemented in April 2015) which fundamentally changed the statutory framework governing care, setting out new duties for local authorities and partners as well as new rights for service users and carers.

The scale and scope of the Care Act required substantial changes for all Councils

encompassing changes to social work practice and processes to improve outcomes and embed principles of wellbeing and personalisation. The Act focuses social services on preventing, reducing and delaying the need for care. It also extends responsibility beyond the need to assess and provide services for those eligible to the wider local population.

Key aspects of the Act include:

- A new underpinning principle to promote individual well-being
- Seamless transitions and integration with key partners e.g. health and housing
- Providing or arranging services that help keep people well and independent.
- Ensuring advice on care and support is available to all when they need it.
- New statutory framework protecting adults from neglect and abuse
- New criteria for determining adults' eligibility for services
- Responsibility to assess a carer's need for support
- Ensuring diversity and quality in the market place so there are enough high-quality services for people to choose from, and stepping in to ensure that no vulnerable person is left without the care they need if their service closes due to business failure.

The Care Act sets out a number of safeguarding principles for all services that work with adults along with an expectation that safeguarding should be person-led and outcomes-focused. Safeguarding arrangements should not only protect people, but engage them in conversations about how best to respond to their situation in a way that enhances choice and control as well as improving quality of life, wellbeing and safety.

The changes in the Care Act and the pressure on social care services from demographic change have led Councils to modernise social work practice and improve their approach to managing demand. However, recently the Government's Chief Adults Social Worker highlighted in an annual report[1], that there are still further changes needed to deliver the original policy intentions.

Another key piece of legislation is the Mental Capacity Act 2005 which includes the Deprivation of Liberty Safeguards (DoLS) – a set of safeguards that aims to make sure that any care that restricts a person's liberty is both appropriate and in their best interests. DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home, whether placed under public or private arrangements. Following the Supreme Court Judgement in 2014 there was a significant change in what may constitute a DoLS authorisation. This ruling expanded the definition of who can be deprived of their liberty and resulted in a 10 fold increase in referrals to request an authorisation to deprive someone of their liberty. In March 2017, the Law Commission recommended a new system believing its Liberty Protection Safeguards scheme would be less onerous while still offering human rights protections. This proposal now begins its passage through parliament.

The Director of Adult Social Services (DASS) is a statutory strategic role with a remit that stretches beyond the confines of the local authority's own activities. It must have strong connections to intelligence, performance and quality systems that enable the DASS and local authority leadership to deliver the required outcomes as defined in the Care Act: improving preventative services, delivering earlier interventions, managing the necessary cultural change to give people greater choice and control over services, tackling inequalities and increasing support for people with the highest levels of need.

Adult social care encompasses a wide range of services, most of which are provided by services that local authorities commission. Services provide personal and practical support to

[1] https://www.gov.uk/government/publications/chief-social-worker-for-adults-annual-report-for-2016-to-2017

enable adults of all ages (both older people and working age adults) to retain their independence and the best quality of life possible. Adults may be cared for by family, friends or neighbours without payment (informal care), or through services they or their local authority pay for (formal care). Publicly funded adult social care is means-tested and may therefore be self-funded or funded through local government.

3. Health and Social Care Integration

Closer integration between health and social care has been a goal of public policy for many years. With the growth in the ageing population, and the increasing proportion of that population with two or more long term conditions, the impetus to make progress has increased. Whilst the health and social care system has made improvements, it has failed to keep pace with the population's needs and expectations, and as such it is unsustainable. The unprecedented constraints on funding and growing demand require more fundamental innovative changes in the design and delivery of care. Integration between health and social care offers an opportunity to redesign services around the needs of individuals, not organisations, and to make the best use of collective resources to manage demand more effectively. Integration is a requirement of the Care Act with the premise of better outcomes, increased satisfaction and better use of existing resources.

The Better Care Fund was established in 2014 as a mechanism for achieving more integrated working between health and care services and delivering better outcomes for people (managing their own health and wellbeing, living independently in their communities for as long as possible). Whilst it enabled some pooled budgets, it has not been shown to deliver the level of integration or outcomes anticipated. In April 2017 the Public Accounts Committee report[2] found the Better Care Fund had failed to save money, reduce emergency hospitals admission or reduce the number of days people remain in hospital unnecessarily. The report highlights that integration should now be delivered in the context of the Sustainability and Transformation Plans (STP) process and more 'place- based planning' would be critical to the future of health and social care.

The NHS Five Year Forward View[3] (FYFV) outlines why and how the NHS should change, It too calls for better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes. The FYFV led to the creation of STP's). Announced in December 2015 as part of NHS planning guidance there are 44 'footprint' areas for England each required to have a 'place based' plan for better integration.

STPs aim to articulate at a high level how local services should become sustainable, contributing to the national 'FYFV' vision of better health, better patient care and improved efficiency. In March 2017, the NHS identified the next steps for the FYFV, as early trials demonstrated slower growth in emergency hospitalisations and less time spent in hospital compared to the rest of the country. The difference has been particularly noticeable for people aged over 75. The NHS now wants to accelerate this way of working to more of the country and wants well developed Sustainability and Transformation Partnerships to progress into Accountable Care Systems (ACSs).

In Accountable Care Systems NHS organisations (both commissioners and providers), in partnership with local authorities, choose to take on more collective responsibility for resources and population health. The aim is to provide joined up, better coordinated care, going further to

---

[2] https://www.publications.parliament.uk/pa/cm201617/cmselect/cmpubacc/959/95902.htm

[3] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

fully integrate services and funding into a single partnership responsible for meeting all health and social care needs. NHS organisations (not local authority partners) in ACSs will agree a system control total for funding for services in the area. They will gain new powers and local freedoms to plan how best to provide care, whilst taking on new responsibilities for improving the health and wellbeing of the population they cover.

4. Funding and cost pressures

The Communities and Local Government Committee report[4] (March 2017) presents a dire picture of the financial state of adult social care. It identified that financial pressures are leading to growing problems with provision. A Local Government Association submission to the committee highlighted that reductions in care could result in Councils failing to meet their Care Act duties and, in turn, face an increase in judicial reviews.

The committee found that fewer than 1in 12 Directors of Adult Social Care were fully confident that their local authority will be able to meet its statutory duties in 2017-18. The committee's recommendations included extra funding to increase provision and preventative services, and the extra duties to assess and support carers. The committee also set out how long term funding could be taken forward, and identified concerns about the future potential disparity between need and rising demand and the future funding sources of council tax and business rate income.

Additional funding for adult social care was announced in the Spring Budget, with an extra £2bn for services by 2020, with half coming into the sector immediately. This was in addition to the adult social care precept that councils could add to council tax rates to cover the additional impact of the national living wage on care costs. The government has now promised a green paper on funding for the longer term.

5. Demographic pressures and increasing complexity of need

The ageing demographic profile places significant pressures on our health and social care systems. Business Intelligence highlights concerns relating to rising demand; the Projecting Older People Population Information System analysis anticipates an additional 1.55 million people over the age of 65 by 2025, an increase of 17% from 2013. It also estimates that 1 in 3 babies born after 2013 will live to be 100 years old. With life expectancy increasing, time spent in ill health is also rising as people are living longer in poor health, resulting in a growing number of people with high levels of complex need. Services will have to be innovative and evolve to cope with this additional growth pressure.

6. Workforce

Nationally it is recognised that the most important asset to social care is its workforce. There are growing concerns that both health and social care do not have enough of the right staff in the right places. This is a major national challenge for social work teams and the provider market (exacerbated by the implementation of the Care Act as councils need a trained workforce to deliver the reforms).
Skills for Care, the strategic body for workforce development in adult social care, highlight the need for a national recruitment campaign, along with better support, supervision and career pathways to help with retention.

Skills for Care estimate a current shortfall of 70,000 workers and high vacancy and turnover rates (over 900 people are said to leave their job every day). Brexit places additional uncertainty on the care market, although a clearer picture will unfold, as social care relies on

[4] https://www.parliament.uk/business/committees/committees-a-z/commons-select/communities-and-local-government-committee/inquiries/parliament-2015/adult-social-care-16-17/

non-UK nationals. A report by the Health Foundation[5] (May 2017) identifies approx. 7% of social care staff are from the EU (compared with 5.5% of NHS staff). Good proactive workforce planning will be needed in order to minimise loss of labour and to ensure that there is a strong skills pipeline.

7. Care Market Sustainability

It has been described as a perfect storm; at a time of growing demand for care services there is concern over the sustainability of the care market. Threats to provider sustainability include increased costs, e.g. from the implementation of the national living wage, difficulties with recruitment and retention of the workforce and provider business models unable to cope with local authorities' purchasing costs.

The Care Quality Commission (CQC) is the independent regulator monitoring, inspecting and regulating services to ensure fundamental standards of quality and safety are met. In a recent speech, the CQC's Chief Inspector explained the vast majority of people, their families and carers were experiencing services that meet the 'Mum Test' (care that we would be happy our Mums could go to). However she went on to reference State of Care report (October 2016) which highlights great care is not everybody's experience and over a quarter of adult social care services are not consistently providing safe, high quality and compassionate care. Too many services were seen to be struggling to improve.

The position taken by national trade associations for providers UKHCA and Care England is they are substantially underfunded, and self-funder payments subsidise public-sector fees. One outcome is that recently local authorities have been subject to a great number of legal challenges with interpretations of responsibilities e.g. national living wage, tender processes or disagreement on costs. Another outcome is that providers, particularly domiciliary care providers, have decided to stop working for individual local authorities.

The State of Care report identified the fragility of the adult social care market, describing the market as approaching a "tipping point" from a growing, ageing population, people with more long term conditions and the challenging economic climate. Profit margins are reducing and providers of domiciliary care are handing back contracts to local authorities at an increasing rate.

The Communities and Local Government Committee report on adult social care (March 2017) recommended that the CQC should have oversight of market shaping, commissioning and procurement activities of local councils, a view shared in the Conservative manifesto.

Local Context - Responding to the challenges

The challenges faced by Buckinghamshire reflect many of the national challenges. This paper highlights some of the local issues and development in progress / planned to address them.

8. Demographic pressures and increasing complexity of need

Buckinghamshire faces rising demand for adult social care support especially given the significant public health problems for an increasing elderly population. For example in people aged 80+ the prevalence of dementia increases to 1 in 6, and the rate of falls resulting in ambulance call outs is 1 in 2.

[5] http://www.health.org.uk/sites/health/files/Election%20briefing%20A%20sustainable%20workforce%20The%20lifeblood%20of%20the%20NHS%20and%20social%20care.pdf

Local business intelligence highlights that between 2015 and 2025 the elderly population aged 85+ is expected to increase by 56% (the 2nd highest out of the 16 comparative areas). Projections to 2030 suggest a 92% increase, the highest in the comparator group.

Local Business Intelligence forecasts that between 2014 and 2026, the 90+ population is expected to increase by 98%. Data (2014/15) shows that 1 in 2 of the 90+ population have contact with social care, which indicates a significant increase in activity if this population projection is realised. While a rising proportion of people living into old age is not itself an indicator of demand, the likelihood of older people having several long term health conditions and care needs increases demand on the NHS and the County Council.

With increasing life expectancy, social care will need to support clients with more and more complex needs. Our aim is to make every effort to support people to stay living independently in the community for as long as they are able and choose to do so. Most people want to stay in their own homes and community for as long as possible. In addition residential care is significantly more expensive and costs are often driven by the limited market capacity. To help people remain independent and in their own homes we discuss with individuals and their families what "assets" (skills, interests, relationships, networks) individuals themselves and their families and communities have which can sustain this before we consider the provision of more formal services.

Dementia is not a condition of old age but the risk increases as we get older. We have a Joint Commissioning Strategy in place for dementia which was developed through an engagement process involving the Dementia Partnership Board and the Service User and Carer Network. This strategy responded to the identified priorities within the Buckinghamshire's Health and Wellbeing Strategy and is in line with Living Well with Dementia, the national strategy for dementia

Adult Social Care has an overall budget for 2017/18 of £125 million which represents 38% of the overall BCC budget. Key areas of spend include:

- Residential Care £71m
- Community Care £32m
- Social work £12m

In excess of £100m of spend each year from the adult social care budget is with external providers.

As at 31st March 2017, we have 6,323 people with on-going community packages of care and there are ongoing placements in residential, nursing and supported living placements (750 in Residential, 431 in Nursing, 438 in Supported Living). A total of 14,529 assessments and 6,225 reviews were completed in 2016/17. These figures give an idea of the scale and scope of our work. Benchmarking or comparing activity rates with other local authorities is not straightforward. Without standard definitions such as those applied for indicators within the adult social care Outcomes Framework, there is a risk that any differences result from differences in business processes rather than genuine differences in activity.

9. Approach to implementing the Care Act and managing demand

In responding to the changes of the Care Act, the challenge of rising demand and pressure on resources we have started to modernise Adult Social Care and change the way we meet needs. As the Social Care Institute for Excellence says:

"now is the time to re-build adult social care from the bottom up, re-shaping

service interventions not only around a more individual understanding of people's needs, but also around the creativity and capacity of individuals and families and leadership within communities that is too often overlooked."

We are aiming to manage demand more effectively while improving outcomes and responding positively to the expectations of our population for more responsive and personalised services which give them more choice and control in their lives.

Our ambition is to shift from reactive care to prevention. By pro-actively identifying risk factors to poor health and wellbeing early on, we can help people to help themselves by keeping well, managing their own conditions effectively and drawing on support from within their family and community. Integrated care and support is crucial to enabling people to achieve these goals. Buckinghamshire County Council currently has a programme of preventative and early intervention work that aims to meet the requirements set out within the Care Act to prevent, reduce and delay the need for care. Our focus is to intervene early and prevent escalation of need, keeping people independent, healthy, living in their own home and without the need for social care for as long as possible.

Prevention includes support to manage living independently, voluntary and community sector services covering a range of activities such as befriending services as well as accessible advice and information. Our Prevention Matters programme is intended to facilitate access to front-line community services and groups in Buckinghamshire. It is important for us to evaluate the impact of our preventative work on a regular basis and ensure it is well-targeted.

Our focus is increasingly on helping people to help themselves, as well as continuing to support the most vulnerable to be safe and in control of their lives. Many people (particularly those who fund their own care) need access to good information, advice and guidance and support to plan their care. We are seeking to improve the way we signpost people to information and support – particularly through services available in their community.

When people have more significant care needs, particularly those who have experienced a spell in hospital, our aim is to help them recover their independence as far as possible rather than assume the only option is some form of long-term care. For those with long-term conditions we want to support them to maximise their independence in the community.

<u>Working with service users and carers</u>

To make the change required under the Care Act to more personalised services, we need to work much more effectively with residents including service users and carers. Our aim is to develop a more collaborative approach. There are currently a number of avenues for regular community, service user and carer engagement and we aim to build on these arrangements:

- Partnership Boards for Assistive Technology, Autism, Carers, Dementia, Mental Health, Physical and Sensory Disability, Prevention, Older People
- Quarterly meetings between Service Directors and the Service User and Carer Organisation (SUCO) to discuss areas of interest, change or concern.
- Co- production (with service users and carers) of the Local Account which provides information on our priorities and performance to residents.
- Involvement in transformational and improvement work i.e. our operation model, potential impact of technology.

These key forums and meetings help determine commissioning priorities and develop plans alongside service users, carers and statutory and voluntary sector partners and staff. However there is a need for a step change in how we work with residents, service users and carers. We are committed to significantly increasing joint work on developments, initiatives and

improvement with much greater engagement, involvement and co-production. Work is currently underway to ensure this progresses with pace.

Carers play a crucial role in the delivery of health and social care provision locally. The Care Act requires Councils to assess carers' needs. It has been estimated that the economic value provided by Buckinghamshire carers in 2011 was £176 million, with 49,514 (9.8% of the population) providing unpaid care.

The Carers Partnership Board oversees the implementation of the Buckinghamshire strategic vision for carers and discusses ongoing issues that are affecting carers. The Strategic Vision for carers in Buckinghamshire was launched in April 2016 and the key aims are:

- Support value and recognise carers as equal partners in care
- Support and give carers confidence to have a life of their own outside of caring
- Involve carers in planning and shaping services
- Recognise that carers need flexible and responsive support

10. Strategic commissioning: market management

The Care Act placed new responsibilities on Councils to manage the care market; develop a diverse and sustainable market that provides people with high quality, personalised care and support, regardless of who pays for their care. Our approach is to ensure that people have a choice as to how their needs are met, with an emphasis on prevention, enablement, reducing loneliness and social isolation, and promoting independence as ways of achieving and exceeding people's desired outcomes. The Council does this through commissioning quality services that focus on wellbeing and other interventions. Our general market position statement contains information on needs, demand and trends in the local care market, and sets out our policy and strategy in further detail. Under the Care Act, local authorities must intervene if services close due to business failure to ensure that no vulnerable person is left without the care they need.

We currently have contracts with 266 care providers covering 524 locations. Our total projected spend (not direct services) is approximately £106.7m:

- Older People: £43.5 million
- Learning Disability: £37.4 million
- Mental Health: £5.7 million
- Physical and sensory disability: £3.9 million
- Other (includes Domiciliary Care, Shared Lives and non – specialist Day Care Services): £16.2 million

There are other public commissioners in the market – predominantly health and housing. Therefore, to manage the market, to deliver our strategic aims and ensure value for money, we should aim to achieve the best possible alignment on areas of shared interest and reduce process burden on providers. Much service provision is also subject to regulation by the CQC.
Buckinghamshire has a substantial number of people who fund their own services. Adult social care must ensure not only that the market is able to operate to meet their requirements but also that they are not paying for services they should not be, or are unduly exposed to some individual provider demands.

As previously highlighted, the CQC have reported that many local authority areas are concerned about the sustainability of the care market as it has become fragile and is reaching a tipping point. This is also the case in Buckinghamshire, with factors such as increased cost of the national living wage, changes in law, a workforce employed on zero-hour contracts, roles which are perceived as being low status and without a professional framework or career structure.
In recognition of the financial pressures, Government have allowed Councils to increase

council tax by up to 3% in 2017/18 (resulting in an additional £7.5m for Buckinghamshire) and additional funding through the Better Care Fund (resulting in an additional £3.5m for BCC).

This much needed additional funding is being used to meet:

- Increasing demand for services given the changing age profile of the population
- Increased complexity of support as life expectancy increases
- Market pressures faced by providers who are having to meet increasing costs

As well as supporting the market to remain sustainable in the short-term, we want to look ahead at demand and needs in the future and work pro-actively with care providers and the NHS to develop models of care that can support people effectively and maximise their independence, choice and control. We also work with the NHS, providers and the CQC to improve standards of support delivered across care services.

11. Integration with NHS

With unprecedented constraints on funding and growing demand, fundamental and innovative changes are required in the design and delivery of care. Integration of health services, public health, social care services and other council services provide the opportunities for redesign of services around the individual and to make the best collective use of resources.

The "Health and Social Care Integration: Road Map to 2020" is a statement of intent for more integrated working between health and social care organisations in Buckinghamshire that was agreed by the Health and Wellbeing Board in March 2017. The roadmap identifies four areas of work to move from planning to delivery:

- Joint Commissioning - with greater stakeholder involvement, better alignment between health and social care and commissioning services to make the most effective use of resources.
- Integrated provision – the aim is to build multi-disciplinary teams delivering a seamless pathway to populations of around 50,000 around clusters of GP practices. Locality working aims to make the most of local assets and ensure access to local voluntary and community services in community "hubs". There will be an emphasis on intermediate care and reablement to preserve people's independence particularly after spending time in hospital. An example of working in a more integrated way is our Trusted Assessor pilot. This involves working with District Nurses and using the assessment skills they have to complete social care assessments. District Nurses visit people in their own homes or in residential care homes. We are running a pilot with eight nurses working with people aged over 75 in the north of the county. The aim is to reduce duplication of work, create efficiencies and reduce pressures on Social Care staff.
- Co-ordinated back office systems – the aim is to enhance service development and efficiencies. The approach will involve shared services for communications, a collaborative approach to asset management and sharing business intelligence.
- Governance – across health and care we are looking to develop strong leadership that supports integrated working.

On 12th May 2017 the partners in the Buckinghamshire health and care system wrote jointly to the senior officers of the NHS Southern region with an expression of interest in becoming a first wave Accountable Care System (ACS). The proposal had the full support of all partners in the health and care system in Buckinghamshire.

If this bid is successful, our NHS partners will gain new powers and freedoms to plan how best to provide care, whilst taking on new responsibilities for improving the health and wellbeing of the population they cover. Linked to this expression of the strength of partnership working in Buckinghamshire is a commitment to expedite progress on the road map and significantly

reduce the timescales for delivery of integrated working.

12. Transforming our Operating Model and delivery of services

We are redesigning the way we deliver our Care Act duty to assess, plan, commission and review the social care needs of our residents. We are planning to move to an approach where, for some people, their needs can be more effectively and sustainably met through maximising use of their own personal resources and identifying and making best use of their networks of support and community resources. Instead of assessing people for services, the first conversation we have with residents will be about the strengths and resources they already have access to in their family and community. Where additional needs are identified, social workers will provide intensive, short-term support until needs have stabilised with the aim of avoiding the need for long term dependency on social care services. We have set up a series of "innovation sites" (teams and functions) where this new way of working is being piloted. It builds on national and regional developments and evidence of best practice. Adopting this 'strengths based' approach requires significant culture change and development of our workforce.

Improvement through the application of technology

We want to maximise the potential of technology and digital solutions to help us streamline business processes and the pathway for people accessing services. We also want to use technology to support people to remain independent in their own homes for as long as possible. Examples of this include investment in a care and health information system which brings together health and social care data at a detailed level, following people's care and health 'pathways'. This will enable more informed decisions about commissioned services, demand, effectiveness and early indication of risk.

We have successfully introduced Direct Payments to many of our service users so that they have more choice and control over the services they choose to support their needs. We are currently designing a system with substantially improved availability of payment information for service users/carers. This enables more effective use of staff time and greater protection from fraud. There are single and clear lines of accountability which will reduce delays, and ensure full accountability and ownership of the process.

Direct Care and Support Services

Buckinghamshire Care was set up in 2013 by the Council as a Local Authority Trading Company to provide adult day opportunities services, respite and reablement services. The services were transferred back into the local authority recently as a result of concerns around the quality of care and safety of service users at Seeley's House Respite Centre compounded by management and financial concerns. A new management structure has been put in place and close working, collaboration and planning has meant that the transfer of staff, services and systems has been managed with little or no disruption to the 716 clients and their families who were using the services during that time. Comprehensive service improvement is underway and there has been close working with CQC leading up to and throughout this change.

The next step is to determine the long term future of these services. Proposals will be drawn up to modernise services and design these to help people maximise their independence, choice and control while ensuring their safety.

13. Performance

Buckinghamshire reports on a range of performance indicators. Some of these can be analysed on a comparator basis to give an indication of relative performance.

Areas we do well: Performance figures use end of March 2017 data unless otherwise stated:

- Delayed Transfers of Care – *when an inpatient in hospital is ready to go home or move to a less acute stage of care but is prevented from doing so - sometimes referred to in the media as 'bed-blocking'.* Performance against this statutory measure continues to be very good and overall rate of delays in Buckinghamshire are 10.2 per 100,000 population. Many delays in people leaving hospital have nothing to do with the Council but we measure the rate of those which are attributable to Adult Social Care. Buckinghamshire is 3rd best in the comparator group overall and the best performer in this group for delays due to waits for Adult Social Care packages. Buckinghamshire is the 10th best performing local authority nationally on this performance indicator.
- Direct Payments – *Direct Payments promote choice and control for people needing care and support, enabling service users more flexibility to choose the services or products that meet their needs*. The proportion of people receiving a Direct Payment is 40.7% which is significantly over the target of 33% and above the 2015/16 average comparator group performance of 29.8% and the national performance of 28.1%.
- Residential and Nursing Home Admissions – *Reducing residential and nursing home admissions help to keep people living independently in their own home where this is possible. Prevention support, community based services and referral processes help achieve this.* The rate for younger adults being admitted to residential or nursing care was 12.5 (per 100,000 population). The rate for older people aged 65 and over was 457.8 per 100,000 against an annual target of 550. Both rates reported were lower than the previous year's outturn (12.8 for younger adults and 497.3 for older people) and lower than the national and comparator group performance reported in 2015/16. This suggests that Buckinghamshire is being relatively successful in keeping people independent and living in their own homes.

Areas for further improvement:

- Care Reviews - Everyone who receives a package of social care support should have their needs reviewed annually. Last year only 61% of people in Buckinghamshire who are in residential or nursing care were reviewed. Similarly 71% of people receiving Adult Social Care services in the community had been reviewed. Performance against these indicators has been impacted by staff capacity throughout the year. Outstanding reviews are managed to minimise risk, with those at high-risk or which are subject to safeguarding enquiries prioritised. This is an area of performance which is being prioritised for improvement both through additional staffing capacity and adopting proportionate approaches to undertaking reviews that should streamline the process and improve productivity.
- Transitions to Adulthood - *The proportion of young people making the transition between Children's and Adult Social Care services who are assessed by the time they are aged 17 years and 1 month.* Performance has been impacted by staff capacity during the course of the year. A review of support for transitions and working with young people and their parents and carers to plan their futures needs to start earlier in their lives. This is a priority area of work with Children's Services.
- DoLS – *Deprivation of Liberty Safeguards* - This is an area of challenge highlighted at the national level and similarly to other local authorities we are experiencing a significant increase in the workload associated with Deprivation of Liberty work. We prioritise the most critical cases and have a strategy to increase the number of staff qualified to undertake the relevant assessments.
- Annual User Survey –Satisfaction levels and Quality of Life indicator
  The proportion of people who were very or extremely satisfied with their care and support, was 60.1% which is below the target of 65% that we had set for 2016/17. The Social Care Quality of Life score which is also derived from the annual survey was also below target (our performance was 19.3 compared with the target of 19.5. To improve our performance in these areas in 2017/18 we will be delivering further training to our social work

practitioners on taking a more holistic approach to understanding service users and their needs. This will include asking how we can enable service users to have more contact within their communities to enhance quality of life and satisfaction with our services.

- Reablement -This involves working with people with support needs to help them to regain skills, confidence and independence. It is intended to be a short term intensive input and may be required for example after a hospital stay. Effectiveness is measured by the proportion of people who have received Reablement and were at still at home 91 days later. This is a joint measure across Adult Social Care and Health. In 2016/17 overall our combined performance was 70.6%, less than the target of 75% but an increase compared to the 66% reported in 2015/16. We have now tightened up on the admission criteria to this service: ensuring that the service is targeted effectively. Monthly reporting on outcomes from people who received the BCC Reablement service will help to identify any issues affecting performance .We will be working with NHS colleagues to form a plan for further improvement.

14. Safeguarding – Reviews and enquiries

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. The local authority leads a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens. We also have a duty to make enquiries, or request others to make them when an adult with care and support needs may be at risk of abuse or neglect. When someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them we have a duty to carry out a Safeguarding Adults Review (SAR).

There are currently four Safeguarding Adult Reviews underway or likely to take place. Two have been commissioned and started, one has been delayed due to criminal investigations and one is awaiting final decision on whether a SAR will be commissioned. In November 2016 a Large Scale Enquiry (LSE) was initiated in Seeley's Residential Respite Unit for adults with learning disabilities. The LSE closed in March 2017 and recommendations will be presented to Buckinghamshire Safeguarding Adults Board in June 2017. The LSE was satisfied that as a result of multi-agency work and progress against the improvement plan since November 2016, that there are no outstanding issues to be addressed. In April 2017 a LSE was initiated for a domiciliary care provider. This enquiry is ongoing.

15. Workforce

We need to have a confident and competent workforce with the right skills and in the right roles. There are 288 Staff directly employed within ASC, 78% full time, 22% part time. Of these

- 76 are Social Workers/Social Work Assistants.
- 24 are Occupational Therapists/Assistants**.**

This data excludes agency staff, and is taken from the Buckinghamshire return of the National Minimum Data Set for Social Care, which holds data on the adult social care workforce. In addition nearly 370 care staff were transferred from Bucks Care.

A further 10,200 jobs deliver adult social care in Buckinghamshire which includes over 6,500 Care Worker roles.

Like many authorities, we face a number of challenges to workforce planning and must also be mindful of the challenges facing the provider market since we have overall market management responsibility. There is a robust workforce strategy which aims to address the following most significant challenges:

- Ensuring that the right workforce is recruited and trained to deliver the reforms.

- Funding and demographic pressures.
- Recruitment and retention issues - high vacancy, new starter and turnover rates (Benchmarking shows the South East turnover is 35% for care workers (30% in Buckinghamshire) and 16% for social workers (30% in Buckinghamshire).
- Provider workforce – ensuring the necessary capacity and competency to meet not only demand from ourselves but also the rest of the market including self-funders.
- Zero-hours contracts, National Living Wage and the impact of Brexit on the workforce.

Following national protocol, there is an Adult Social Care Principal Social Worker and Professional Lead in the Council whose responsibilities include staff training, development, recruitment and retention, best practice and reflective supervision. There is a requirement to produce an Annual Principal Social Worker's report which offers a helpful professional reflection to feed into improvement plans. This year the reflections included the need to improve our approach to staff supervision, and the need to focus on a range of improvement activities being undertaken to strengthen recruitment, retention, training, development and career progression of social work staff. The report also highlighted the importance of local regional and national networking with partners. One important area where work was being undertaken locally was to ensure that a proactive approach was being undertaken to raise awareness of and promote social work practice amongst key partner organisations. The report also sets out a range of improvement actions being taken, including workforce improvement activities:

- Joint recruitment events and projects, with partners, including a bi-annual social care Open day
- Joint learning initiatives with partners at Buckinghamshire New University, links into the planning course activities, joint training days, the development of student opportunities and a student "hub" to promote student placements.
- Opportunities for specialist training and professional development**.** Placements for social work students. Assessment and support for people in their first year in employment and a "Grow your own" programme for practitioners to gain qualifications. A social work career pathway.
- Support the external provider market to deliver effective and good quality care by supporting with workforce development. Promoting the sector to the prospective workforce, increase recruitment and retention, upskilling and access to e learning.

One particular success of cross-regional working is the memorandum of co-operation which is now adopted by 18 Local Authorities in the South East Region. It covers the adult social care workforce for both permanent and temporary/agency staff and is being used to standardise approaches to references and pay caps to stop pay rates escalating with agency recruitment.

Moving Forward

16. Transformation

As previously highlighted nationally there is a drive for Councils to undertake further transformation to their commissioning and social work practice in order to:

- Deliver the principles of the Care Act of personalisation and individual wellbeing, and
- Prevent, reduce and delay the need for care.

There is also an agenda for integration with the NHS, the urgent need to manage demand more effectively and our desire to address areas of performance that need improvement.

In order to accelerate the pace of change and ensure a coherent approach, a Transformation Programme for adult social care will be required to ensure the service is modernised, integrates effectively with the NHS, can manage demand more effectively and supports people to maximise their independence.

In addition we are mindful that national policy will dictate the resources and remit of social care. We await the green paper on funding and the delayed phase 2 of the Care Act which originally aimed to address sustainable long term funding for adult social care. In the spending Review 2015, the government reiterated its commitment to introducing phase 2 in April 2020.

Background Papers

Your questions and views

If you have any questions about the matters contained in this paper please get in touch with the Contact Officer whose telephone number is given at the head of the paper.

If you have any views on this paper that you would like the Cabinet Member to consider, or if you wish to object to the proposed decision, please inform the Member Services Team by 5.00pm on Friday 23rd June 2017. This can be done by telephone (to 01296 382343), or e-mail to democracy@buckscc.gov.uk