

Report to Cabinet

Title:	Adult Social Care Update
Date:	Monday 18 December 2017
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Local members affected:	All
Portfolio areas affected:	Health and Wellbeing

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Summary

The purpose of this report is to provide Cabinet with an understanding of the national, regional and local developments in relation to Adult Social Care and the activity taking place in response. This report is the 2nd update to Cabinet. The first report was considered at the Cabinet meeting on 26 June 2017.

Adult Social Care aims to support people in a way that makes their lives better: by living well at home and leading fulfilling lives – even when they may progress to residential care.

Our vision for social care

- To help people to help themselves, promoting well-being and self-reliance at all stages of their lives
- To support vulnerable people to be safe and in control, making choices about how they live
- To support communities to be strong, healthy, safe and resilient

Our principles

- Building self-reliance and shifting our focus to prevention and early intervention
- A greater focus on promoting independence, recovery and progression, that makes the most of our community resources, while ensuring that vulnerable people are protected
- Embedding the principles of the Care Act – outcomes and personalised services
- Delivering cost effective services in line with the service budget and MTP requirements

Recommendation:

Cabinet is asked to note the national, regional and local developments in relation to Adult Social Care and support activity taking place to further improve Adult Social Care services in Buckinghamshire.

Adult Social Care Update

1. Health and Social Care Integration and Transformation

The national Transformation Agenda has a shared vision and commitment across health and social care. It responds to a range of social, demographic and economic pressures driving reform within health and social care and the way services are delivered.

In Buckinghamshire this national agenda provides a timely and exciting opportunity to transform Adult Social Care with a greater emphasis on living well at home and leading fulfilling lives.

Following work already undertaken to produce a case for change, further diagnostic work has now been completed to inform the programme and the proposed Target Operating Model. The first phase of the transformation programme will focus on:

- identifying the priorities and opportunities available to us including any 'quick wins'.
- producing a programme plan for the next phases of work and a Resource Plan,
- identifying the resources needed to deliver the programme by the end of November 2017.
- Producing detailed project plans for each of the workstreams by the end of November 2017

We are committed to working with staff, the public, existing service users and partners to co-produce an operating model that will deliver sustainable change. The key work-streams identified for delivering our transformational aims as identified below:

- Prevention
- Health and social care integration
- Market shaping and working with providers
- Modernising social care
- Whole life disability
- Future of direct services

With enabling work-streams for:

- Systems and processes
- Communications and Engagement
- HR and Finance
- Insight and Performance

The new operating model will be based on a 'strengths-based approach' to social care, business processes and structure. This model makes the most of peoples own knowledge and abilities; it maximizes the support available from family, friends and informal networks, and reduces the need for statutory support to an essential minimum.

A Transformation Board has been established to oversee and hold to account the delivery of the transformation programme. Its role will be to plan and drive forward the required transformation and to assess the impact of the transformational changes as they are implemented. The Board is led by the Executive Director (CHASC), and includes representation from Members, officers and key partners.

On 21st July the Department of Health published a report¹ which looked at what ‘strengths-based social work’ with adults, individuals, families and communities means for practitioners and people using the services. Two key issues were identified. Firstly, how social workers could enable the people they work with to identify personal resources & local networks of support and build on these to improve individual resilience and independence. Secondly, the social work skills and organisational models needed to implement and embed such an approach.

2. Legislation

The Law Commission has recommended that Deprivation of Liberty Safeguards (DoLS) legislation should be replaced with the Liberty Protection Safeguards Scheme. In August 2017 a report by the Association of Directors of Adult Social Services (ADASS)² highlighted that in 23 out of 27 safeguarding serious case reviews “fundamental flaws” were found in understanding how to apply DoLS and the Mental Capacity Act 2005. This is therefore a significant factor in generating concerns about the way in which local professionals and services work together to safeguard vulnerable adults.

Like other local authorities we are dealing with a significant increase in the workload associated with Deprivation of Liberty work. We prioritise the most critical cases and are increasing the number of staff qualified to undertake assessments. From April - Sep 2017, we processed 829 DoLS requests, but 1508 are waiting to be processed at the end of September. This number will increase as a result of the implications of the “Re X” case. This case relates to people who meet DoLS criteria but are not in a care home, nursing home or hospital. For example people in settings such as supported living, college in their own home.

3. Better Care Fund and Delayed Transfers of Care

The Better Care Fund (BCF) is a financial framework to allow health and social care partners to plan more effectively together. In 2017/18 the Government has set challenging targets for improvement which are linked to the BCF allocation. Under BCF conditions, each area must have a clear plan to ‘free up its share of 2,000-3,000 hospital beds’. National Urgent and Emergency Care director Dame Pauline Philip told a meeting of NHS England’s Board that, so far, 87 local authorities were compliant with BCF requirements, and 66 were not. More than a third of councils were ordered to achieve delayed transfer of care (DTC) reductions of 50 per cent or more, or face losing BCF money. Some Councils refused to sign up to “unachievable” targets, warning that withholding BCF cash from areas that miss their target will have a ‘catastrophic’ impact on local people, and hugely increase pressure on the NHS. Council leaders highlighted that some acute trusts are regularly not following national guidance when attributing delays to social care giving an ‘erroneous impression’ of where the real problems are.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/631017/Strengths-based-social-work-practice-with-adults.pdf

² <http://londonadass.org.uk/wp-content/uploads/2014/12/London-SARs-Report-Final-Version.pdf>

In performance terms, Buckinghamshire is performing well in relation to our CIPFA comparator group for delayed transfers of care, being 3rd overall and 1st for performance on avoiding social care delays.

We are driving down delayed transfers of care further through a number of measures including implementation of the High Impact Change Model, which focusses on actions which have a high impact on the system, and through our Continuing Health Care Plan, which provides fully funded NHS care outside of the hospital setting. We take prompt daily action with Buckinghamshire Healthcare Trust & neighboring acute providers to reduce delays.

However, nationally the health and social care system has proven to be volatile and subject to factors that are beyond the control of local system partners. Since we submitted the Better Care Fund plan, we have had recent un-validated Delayed Transfers of Care data: - The system has not achieved its BCF target although Adult Social Care did meet its element of the system target.

We are undertaking further analysis and work to address delays particularly at the hospital bases operated by health Trusts other than Buckinghamshire Healthcare Trust as they are currently showing disproportionate contributions to delays. Actions being taken include ensuring Buckinghamshire patients are highlighted as early as possible during their admission. We are also undertaking agreed actions to investigate the accuracy of reported DTOCs especially in relation to Non-Acute Hospitals as well as increasing our capacity to respond and support discharges through managing discharge to assess beds and non-weight bearing beds on behalf of BHT. In addition the HASC Inquiry undertaken into DTOCs identified a number of actions which BHT/CCG and ASC agreed to own together to ensure the most effective solutions possible. Progress against this Improvement Plan is being formally reported back to HASC in November 2017.

4. Accountable Care Systems (ACS)

Accountable Care Systems aim to accelerate more effective and integrated working across health and social care. An ACS is a partnership arrangement of NHS organisations and local authorities that take on more collective responsibility for resources & population health, providing joined up, better coordinated care, and delivering more fully integrating services & funding to meet all health and social care needs. In 2017, the Local Government Information Unit (LGIU) Local Vantage Report³ identified that 77% of Council respondents believed better integration of health & social care would improve outcomes for recipients of care, but only 27% believed integration would deliver cost savings for their council.

Building on strong local partnership work, Buckinghamshire was successful in applying to be part of the Government's first group of ACSs⁴. We have appointed an additional Service Director within ASC to focus on Transformation and Integration in recognition of the scale and pace of change required. A Strategic Board is in place with senior officers from all key stakeholder organisations represented. There is a clear governance structure and plans are now being developed to take the work forward.

5. Funding and cost pressures

Additional funding for ASC was announced in the spring 2017 Budget, with an extra £2bn for services by 2020, with half coming into the sector immediately. This was in addition to the

³ The local vantage: how views of local government finance vary across councils (14 Sept 2017)

⁴ <https://www.england.nhs.uk/2017/06/nhs-moves-to-end-fractured-care-system/>

ASC precept that councils could add to council tax rates. Despite most councils planning to make use of the social care precept (80% according to an LGiU survey), the vast majority (91%) expressed the view that council tax rises could not address the social care funding gap. The ADASS Budget Survey 2017⁵ presents a concerning picture. Despite extra funding & councils protecting & planning to spend more on ASC budgets, councils still have to make difficult decisions and 8% cuts in overall budgets for a second year in succession, due to increasing costs and demand, are making it harder for councils to invest in prevention & early intervention and reduce future need.

The ASC budget for 2017/18 of £128 million, which represents 38% of the overall County Council budget, is facing a number of pressures:

- Service user numbers are increasing
- Increasingly complex support packages are being designed as life expectancy increases, for example there has been an increase in the need for specialist care for people with dementia
- There are considerable social care and health workforce issues in recruiting and retaining staff
- Market capacity pressures are evident particularly for domiciliary care & nursing placements
- Providers are leaving the market
- Ambitious savings targets have been included in the MTFP

This pressure is evidenced by the increase in costs of new provisions of care for service users (**see Appendix 1**)

We are constantly tracking the cost of our services and negotiating with providers to secure best value. Where we commission services, we review service models & future demand (through the lifetime of the contract) to secure best outcomes for service users and best value for the Council.

6. Service Demand, Care Market Management and Sustainability

Nationally Adult Social Care funding has not been protected. Spending will fall as a proportion of GDP from 1.2% in 2009 to 0.9% in 2020 at a time of growing demand for care services. A recent study⁶ predicts that there will be a need for almost 200,000 new care homes over the next 20 years to support Britain's ageing population. The findings come shortly after a report was released that identified that one in six care home companies are in danger of insolvency.

Threats to provider sustainability include greater costs from changes in law such as increases to the national living wage; difficulties with recruitment and retention of the workforce; and lack of longer-term, coordinated public sector planning including for self-funders and their use of the market. The Association of Directors of Adult Social Services (ADASS) has major concerns about the sustainability of the care market. Its recent budget survey highlighted that failure within the provider market has affected at least 69 per cent of councils in the last 6 months, while 74 per cent of responders believed that providers were facing quality challenges.

⁵ <https://www.adass.org.uk/media/5994/adass-budget-survey-report-2017.pdf>

⁶ [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31575-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31575-1/fulltext)

In July 2017 the Institute of Public Care (IPC)⁷ analysed changes in the care home market before & after the Care Act. It highlighted the fragility of the care home market, risks to the state-funded market, and identified that the homecare market is equally under pressure. The IPC emphasized the need to ensure local care markets are sustainable, develop more trusting relationships with providers, better understand the local/regional care market, and better manage service demand.

Which? the consumer organisation’s latest study of the social care market adds to the growing body of evidence about care shortages. It reported the number of nursing home beds has reduced by 4,000 in the past two years, and it is estimated that there will be a shortfall of 42,000 care home places by 2022. There are also problems with staff vacancies – an estimated 90,000 vacancies in adult social care at any time. Care England the national trade organization for older people care homes is currently taking judicial review proceedings against Essex Council on its fee setting process. Locally, our two largest older people care home providers are both reporting significant challenges to remain sustainable.

Service Demand: The ageing demographic profile (described in the previous 6 monthly update) places significant pressures on our health & social care systems & the care market.

The issues that the Growth Agenda raises for the Council triggered a recent Scrutiny Inquiry, ‘Is the Council Ready for Growth?’ which investigated service planning in relation to growth and the impact it will have on its services. A number of issues specific to ASC were identified and recommendations made, including ‘*Look at what Adult Social Care teams at other authorities are doing to meet increase in demand for services – use this to help shape and inform delivery plans.*’ This is very much the approach that we have taken in developing our “strengths-based approach” to social care over recent months.

The combination of a growing and ageing population, increasing complex care needs and increases in core care costs are placing ASC under pressure, as evidenced by the fact that over 25% of the people who currently receive ongoing support from ASC are aged 86+.

September 2017	Under 65	65 - 74	74 - 85	86 - 90	91+	Grand Total
Current Clients	2771	1183	2263	1234	1091	8542
%	33%	14%	26%	14%	13%	

Care Market Management: In recognition of the financial pressures, government allowed councils to increase council tax by up to 3% in 2017/18 (resulting in an additional £7.5m for Buckinghamshire). The extra money has been used in Buckinghamshire to help stabilize particularly the home care market but there are new requirements made on the Better Care Fund (BCF) particularly to help reduce health delayed transfers of care from hospital. On 27 November we received written confirmation Bucks BCF plan has now been approved. We also want to look ahead at future demand & needs, and to work pro-actively with care providers & the NHS to develop the right models of care that can support people effectively, maximising their independence, choice and control.

Locally, we currently have contracts with 266 care providers covering 524 locations. Our total budgeted commissioned spend (not direct services) is £126m:

- Residential Placements: £46 million
- Nursing Placements : £26 million
- Direct Payments £17 million

⁷ [Market Shaping in Adult Social Care](#)

- Domiciliary Care : £13 million
- Supported Living : £19 million
- Transport : £2m
- Other : £3m

There are other public sector commissioners accessing the market – predominantly health & housing – and self-funders. In 2014, Ernest Young calculated 60% of older people care home beds in Buckinghamshire were commissioned by self-funders – in 2017, commissioners calculated that this has increased to 65%. Therefore, to manage the market to deliver strategic aims and ensure value for money as well as to minimize process burden on providers, we aim to achieve the best possible alignment on areas of shared interest.

Sustainability: In August 2017, one of ASC's main home care providers Simply Together went into receivership as a result of their financial instability. This situation could have directly affected 81 service users, and a further 88 indirectly, out of a total of 1283 service users for whom we directly commission home care services. We worked with other commissioned providers to minimize disruption and uncertainty to service users, their families and staff affected, keeping all ASC staff informed as the situation was developing so that they could also reassure service users and their families.

This was obviously a cause for concern which impacted on the stability of the home care market in Buckinghamshire, though increasingly common across the country. There has been substantial work carried out over the last 3 months, in particular, to stabilize the market through looking for new providers, price renegotiation & additional training and support being given to key provider partners. Further work is required in this area but a key underlying challenge is a lack of care staff for the level of need & demand.

Performance: At the end of September 2017, we were performing well against a number of key statutory indicators notably the number of residential and nursing home admissions per 100,000 population for Older People and Younger Adults. This performance is within target for the year and is better than for the same period in the previous year. Our performance for Younger Adults is consistent with the average performance for our comparator group, and for Older Adults our performance is considerably better.

In addition, the proportion of adults who are receiving direct payments to purchase the care and support they need is above the target set for the year. Performance at the end of September 2017 was 40.4% compared to a target of 37%, and this performance is higher than national and comparator outturns for previous years.

There are also a number of indicators where our performance requires improvement. These include the proportion of timely transitions from Children's to Adult services, where performance at the end of September 2017 was 9.8% against a target of 50%. This performance has increased from the outturn for Quarter 1 and is also above the performance for the same period in the previous year. This is the first time this indicator has moved so progress has been made. The ASC service director is leading a transitions work stream which will include reviewing this local indicator which does not reflect all the work completed. A bid for additional capacity has been submitted. A new joint post has been recruited to which will enable earlier identification of young people for assessment. Further improvement is required and an area of focus for the C4C and Adult Transformation Boards.

The proportion of Adult Social Care clients who are reviewed at least once per year is also below target at the mid-year point. Performance of 42.2% is below the September target of 50% and a crude forecast based on activity to date would estimate a full year outturn of

84.4%. This estimated performance would be less than the target of 100%, but within the 20% tolerance agreed for this indicator. Further capacity is required if we are to achieve the target of 100% by year end. We meet on a weekly basis with the ASC Director of Operations to identify progress against targets, impacts on budgets, the quality of reviews and issues impacting on the number we complete.

We are experiencing high turnover as we reduce agency capacity and recruit to permanent posts alongside managing the impact of increasing stress and sickness absences. The monthly average number of reviews being completed has been increasing since April 17 which is subject to close management oversight and levels of accountability. This trajectory has declined in Q2 therefore the service is focusing on increasing the number of reviews for Quarter 3. It is expected that reviews will catch up for Q3

7. Service Quality

In July CQC reported on the findings of 33,000 inspections of 24,000 locations undertaken from 2014 up to May 2017⁸. The breakdown for Adult Social Care services is shown in the table below nationally and for the South East Region. In Buckinghamshire much of our service provision is also subject to regulation by the Care Quality Commission. We have 134 care homes in county - 3 rated as outstanding (2%), 95 rated as good (71%), 34 as requires improvement (26%) and 1 as inadequate (1%) (with 1 to be inspected). Compared to the national average we currently have slightly fewer good homes & slightly more that require improvement.

Rating	National		South East Region		Buckinghamshire	
	No.	%	No.	%	No	%
Outstanding	353	2	115	3	3	2
Good	16,351	77	2911	76	95	71
Requires Improvement	4,073	19	766	20	34	26
Inadequate	343	2	77	2	1	1
	21120		3869		134	

One way in which we support the market to improve quality is through the work of the Quality in Care Team (QiCT), jointly funded by the Council & Health. This multi-disciplinary team works in a targeted way with providers in Buckinghamshire to help them improve standards of care.

This year the Quality in Care Team (QiCT) has:

- Run 30 Falls Assessment workshops to reduce falls & A&E admissions from care homes. These were delivered as a result of a pilot project which demonstrated that with support and education, A&E attendance could be reduced
- Created a focus on Dementia through Dementia workshops and achieved a 25% increase in diagnosis of dementia and depression in care homes
- Run the “My Home Life” programme for 25 care home managers resulting in 3 care homes receiving ‘outstanding’ in the ‘well led’ category of CQC inspection

We commissioned Healthwatch Bucks to evaluate Dignity in Care in adult care homes between April 2016 - March 2017. They made 24 unscheduled visits to individual care homes to evaluate how people are treated, privacy and personal choice. Healthwatch spoke to 275 individuals & observed nearly 400 residents, staff & visitors, reporting on each care home with

⁸ http://www.cqc.org.uk/sites/default/files/20170703_ASC_end_of_programme_FINAL2.pdf

recommendations. Of the care homes visited 70% were rated 4 and 5 stars, with the rest receiving 3 stars. There were some excellent examples of dignity in care but they also found some poor examples – these were often linked to low staff numbers, a high proportion of agency staff who did not know the individuals in the care home as well, or a lack of knowledge. The outcome of the work has been shared with the homes and with key partners to help drive improvements.

8. Quality Assurance

In July 2017 The Quality Matters initiative (supported by adult social care sector partners including the Department of Health, ADASS, Carers UK, and Healthwatch England) set out a quality framework to implement high quality, person-centered care for all.

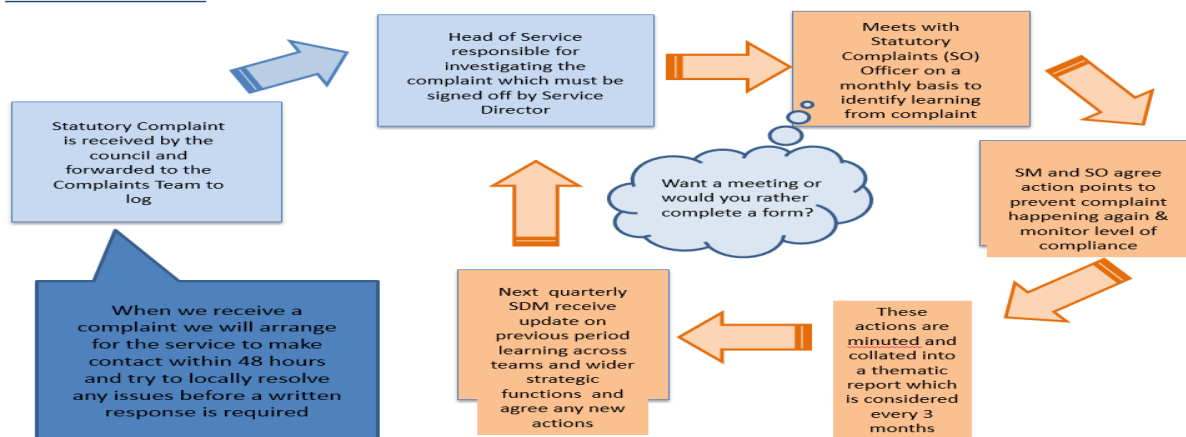
The initiative aims to bring the adult social care sector together in support of the agreed principles that underpin good quality adult social care. It highlights that quality is everybody's business and emphasizes that people's experience of care is not isolated, but integrated across many different health and social care services. Accordingly Quality Matters reflects and works alongside the quality strategy for the NHS led by the National Quality Board.

In ASC in Buckinghamshire we ensure we make best use of the approaches and resources available as a result of national initiatives. The integration of health and social care and the accountable care system status of Buckinghamshire means that we have to ensure we consider the wider cross organisational aspects of Quality and quality systems.

Work is underway to develop an overarching Quality Assurance Framework (QAF) for ASC in Buckinghamshire, with research into exemplars from other authorities & best elements from internal frameworks. When adopted, the QAF will provide scrutiny & assurance that the work we do is of the highest quality, carried out according to agreed policies & guidance.

We are focusing on improve care practice & service delivery & completed a large scale case file audit exercise during July & August 2017 across all social care operational teams. The audit results generated valuable evidence. There have also been further case file audits undertaken on a sample of files of people who were admitted to care homes & a small sample of case files examined by People Too consultants as part of their transformation review. All of this evidence will be compiled to identify actions intended to ensure compliance and inform & improve good practice in case recording & social care practice. Work has also been undertaken to strengthen learning & action from feedback, concerns & compliments:

Identifying Learning from Complaints for CHASC



9. Recognising and supporting Carers

The 2017 State of Caring report⁹ published in July by Carers UK estimated that the care provided by family and friends is worth £132 billion per year (equivalent to the NHS budget). The report set out the key issues for carers and reported that the majority of carers feel their contribution is not understood & not valued, by the government, health & social care professionals or even by friends & family.

The Department of Health has just published the results of the biennial statutory Carers Survey. Unfortunately results at a national, comparator & local level are concerning and reflect the overall limitations of the services & support that carers experience

10. Workforce capacity, effectiveness and efficiency

There are growing concerns that both health and social care don't have enough of the right staff in the right places. This is a major national challenge for social work teams and the provider market. The uncertainty around Brexit places additional uncertainty on the care market.

South East of England region ADASS Finance Leads have reviewed current comparative information available & agreed to develop a data set to build a clear picture for a range of key aspects of ASC across the region, including the profiling our ASC workforce including information on:

- 1) Total ASC Workforce expenditure
- 2) Front line v Management & Support
- 3) Social workers/ Qualified v Unqualified
- 4) Number of social workers to service users
- 5) Vacancies

This analysis will help us to better understand if we have the right levels of staff to meet the needs of our service users.

A Principal Social Worker (PSW) Action Plan is in place to ensure actions are monitored effectively; there is a strong and clear focus on evidencing how learning and development is improving & enhancing practice skills. The plan had been signed off by the Managing Director CHASC in November 2016. Progress will be published in the PSW Annual Report.

The Principal Social Worker's (PSW), role is to relate the views of social workers to all levels of management; provide independent scrutiny of social work practice and standards; and ensure that the views and experiences of adults, their families, carers and practitioners inform service planning and delivery. The PSW provides professional leadership, advice, guidance and development for social work and social care across Adult Social Care. The PSF links up to, and works closely with workforce development to prioritise practice development across the service. The following areas are examples of what has been delivered in practice to meet the action plan objectives.

Regular effective 1:1 social care supervision is crucial in providing support to staff and ensuring/assuring best practice. Revised policy and new guidance for supervision has been

⁹ [State of Caring 2017, Carers UK July 2017](#)

produced and is being embedded. A supervision audit has been undertaken and is being used to identify gaps, improve practice and focus training and support.

Carrying out and recording assessments of people's needs is a central part of the social work role. To ensure staff have the level of skills and knowledge they need, just under 100 staff have received assessment training provided by "Skills for Care" training. This leaves 50-60 current staff who have not yet undertaken the training. These staff will be included in the Strengths Based training programme being developed with Buckinghamshire University.

We will use the results of the ten case file audits carried out by People Too to make any improvements to practice necessary. Further training and support needs will be identified and addressed as required, working with Learning and Development staff.

We have adopted Value Based Recruitment elements in our approach to interview for qualified social workers in line with national standards produced by the College of Social workers. By focusing on the values of applicants it provides a way by which the compatibility with the organisation can be assessed, which strengthens the recruitment and retention of Qualified Social Workers. A social work career structure has been developed to promote skills development, retention of social care work staff, and to improve recruitment and retention and Continuing Professional Development (CPD).

We are currently organising a workshop with ADASS to share good practice on the strengths based approach to social work. We are developing standards for non-qualified practitioners working in ASC services with colleagues in the South East Principal Social Worker Network.

In addition the PSW is currently carrying out the annual social work health check. This is a tool intended to help support and deliver effective social work. It is a key element of the Standards for Employers of social workers. We complete, review and publish an annual health check to assess whether the practice conditions and working environment of the social work workforce are safe, effective, caring, responsive and well-led.

The health check and development tool is an important barometer of workflow and barriers to effective practice. Undertaken annually it enables us to track progress on implementing standards and good practice. It is also a way of ensuring that we are providing a well led professional environment as well as enabling social work professionals to maintain their professionalism and to practice more effectively. The health check also supports openness and accountability by providing a regular snapshot about workflow and organisational issues. We can use the findings to inform and update improvement planning. The Health check will be completed by the end of November, progressed as swiftly as possible through internal governance and used to inform and improve practice.

Local Priorities and Developments in ASC in Buckinghamshire

Alongside responding to national drivers/developments we develop and manage a programme of locally established priorities and critical service issues, including:

1) Safeguarding – Reviews and enquiries

This year, two Safeguarding Adult Reviews have been undertaken. Both have self-neglect themes and reports and action plans were signed off by Buckinghamshire Safeguarding Adults Board in August. Dissemination of learning will take place with agencies across the county and audits will be undertaken next year to ensure learning has been embedded.

In November 2016 a Large Scale Enquiry (LSE) was initiated into Seeley's Residential Respite Unit for adults with learning disabilities. Organisational abuse was substantiated

and recommendations were presented to the Board in August 2017 and the improvement plan remains ongoing. In April 2017 a LSE was initiated for a domiciliary care provider. This enquiry is ongoing.

2) **Assistive Technology**

We are improving how we measure the qualitative and financial benefits of delivering an enhanced care technology service. Since the start of the financial year we have expanded the Assistive Technology service, c.7000 people are now benefitting from the support of care technology to promote their independence, provide remote reassurance & avoid the need for more costly social and healthcare interventions. As a direct replacement to more intrusive support, such as home care visits, we have recently started to rollout a new service offering. The service provides a specifically timed call by a trained agent to prompt the client to perform a task (i.e. take medication) or to check their welfare. This service also benefits carers by providing an opportunity to take respite from their caring duty for a short period of time with the reassurance that the person they care for is safe.

3) **Dementia**

We have a Joint Commissioning Strategy in place for dementia, developed through an engagement process involving the Dementia Partnership Board and the Service User and Carer Network. The strategy is in line with Buckinghamshire's Health and Wellbeing Strategy priorities and Living Well with Dementia, the national strategy for dementia.

We are currently working with health colleagues on the Delirium Pathway, an improved pathway that will support admission avoidance and promote earlier discharge to a patient's preferred place of residence. The pathway will aim to reduce the risk of patients having to make a decision about moving to long term care at the point of crisis.

4) **Direct Care and the future commissioning of former Bucks Care Services**

Services were brought back into the County Council in January to ensure continuity of service in the short to medium term. Our objective is to establish the most appropriate solution for each element of the service to enable the delivery of high quality, value for money services, which are sustainable in the long term. An appraisal of options has been developed, exploring the risks and benefits of a range of approaches.

Commissioning & operational staff are continuing to work jointly, carrying out developmental and options appraisal work related to the service areas managed by Direct Services. This work will be informed by the "Fulfilling Lives" approach and joint work with partners. A significant review of day services is underway to make best use of community assets, with phased implementation of the programme commencing in December 2017. A vision and project plan have been outlined for Respite services. A draft joint specification has been produced and the preferred option will be agreed in January 2018. Discussions are taking place with partners to develop a joint reablement service for implementation by March 2019. Supported employment service development options will be agreed in December 2018. The decision on Thrift farm on the preferred option is to be agreed shortly. Future viability of laundry and home care services will be evaluated in December 2017.

5) **Day Opportunities**

We have recently concluded a long term programme to modernise the physical environment of our Day Opportunities service offer. The next steps involve developing meaningful & appropriate day & employment opportunities in the community. Our new approach is called "Fulfilling Lives".

6) **Respite**

Approximately 910 people aged 18-64 with complex & multiple needs relating to their learning disabilities received health and/or social care services in 2015/16. Short breaks for carers of people with a learning disability is important in helping families to continue to care; enabling people to remain with families longer & stay in their own communities.

A lack of suitable opportunities for local residential short breaks can mean expensive out of area placements, as traditional residential respite services can't always provide the support required.

Currently only a small number of people who may benefit from respite are actually receiving it, & for service users transitioning from children's service to adults, the offer of respite mirrors that which they have already been receiving. Alternative models of care for residential respite are being developed as part of a recommissioning programme.

Respite short breaks are being consolidated into a single programme of work to ensure delivery of this important area. In relation to the policy, Adult Social Care, Children's services, and health are working collaboratively to design a new policy for respite short breaks utilising shared principles.

7) **Reablement**

Currently we are developing a model of reablement for Buckinghamshire that will improve current outcomes and increase the numbers of service users who are able to monitor their own conditions, retain their independence & sustain these benefits. This approach will lead to a measurable reduction in overall demand for ongoing care packages/personal budgets.

8) **Replacement of AIS - the Adult Social Care Client Recording System**

The ASC Transformation Programme will deliver fundamental change in adult social care. The current IT system for recording adult social care clients does not have the capability to support the way services will be delivered in the future and it is vital that we have the technology that will underpin the planned changes:

We will need to have a new system in place and fully operational by April 2020 and this will require significant resources in terms of costs, expertise and capacity to deliver.

The project initially focused on the replacement of Adult Integrated System (AIS) for Adults and a paper setting out the budget required was presented at the following boards:

- ASC Leadership on 6 Sep 17
- Asset Strategy board on 18 Sep 17
- Resources board on 28 Sep 17
- CID Board on 2 Oct 17

Following a review by senior management in October it was decided that a common system across Adults' & Children's social care provided increased opportunities for service transformation and optimisation. The solution will also need to facilitate the sharing of information with Health.

There has not been the opportunity to submit MTP bids to cover the additional cost of a common system. To avoid delay it proposed that we proceed with the procurement of a joint system and commence the initial implementation as quickly as possible. We will then be able to submit an accurate MTP bid in Autumn 2018 to cover the additional costs of implementation of the joint system.

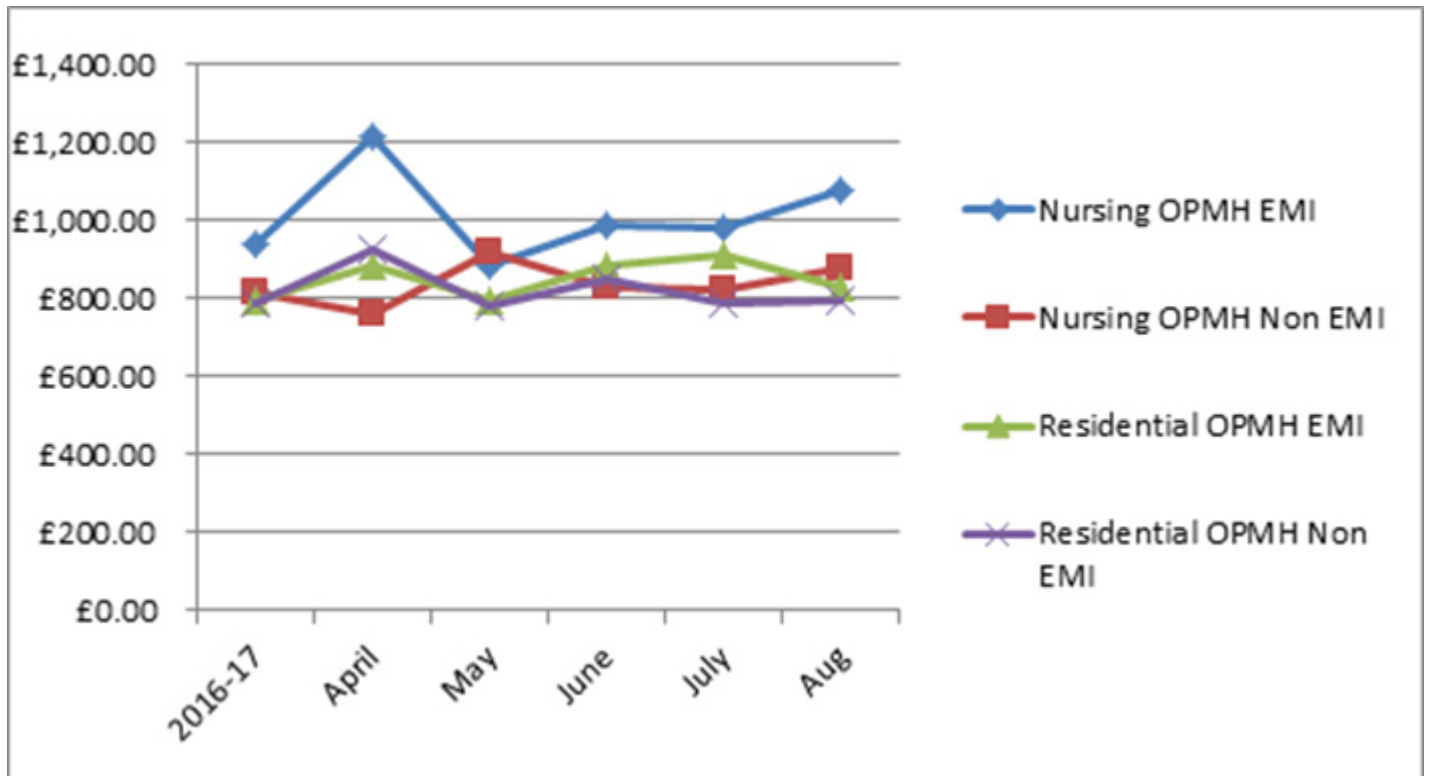
Background Papers- See footnote hyperlinks and Key Data Appendix 1

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 15 December 2017. This can be done by telephone (to 01296 382343), or e-mail to democracy@buckscc.gov.uk

1) Analysis of increase in costs of new provision of care for service users from April 2017 to August (with the average for 2016-17).



This graph shows the information available currently – this will be reviewed and revised when updated information is available and has been analysed.

