

Report to Cabinet

Title:	Adult Social Care Update
Date:	Monday 18 th June 2018
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Local members affected:	All
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 Cabinet with an update of the national, regional and local developments in relation to Adult Social Care and additional local priorities and developments in Buckinghamshire.

The Adult Social Care update report to Cabinet in December 2017 outlined our Transformation Programme approach. In April 2018 we published our 'Better Lives' strategy which sets out our aim: *'to make the best use of the resources available to help the people of Buckinghamshire lead fulfilled lives'*.

Our 'Better Lives' strategy outlines three tiers of support: Living Independently, Regaining Independence and Living with Support. Together these tiers create a support offer that will help people to stay as independent as possible for as long as possible, support people to live healthier lives, and help people to regain independence with a little extra support when needed. The Transformation Programme has subsequently been reviewed to align with and support the delivery of our "Better Lives" strategy

Recommendation:

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

Adult Social Care Update

1 Legislation and Policy

1.1 Sustainability of Social Care

The government will be publishing a Social Care green paper later in 2018 with the intention of creating a sustainable funding model for social care supported by a diverse, vibrant and stable market. Ahead of the Green Paper, the government has published the [Communities and Local Government and Health Select Committee's joint inquiry on the long-term funding of adult social care](#). Buckinghamshire submitted a response to the inquiry which took into account findings from previous inquiries into social care funding but also the impact of social care on people's lives, the demographic and financial pressures we face, the impact of funding on delivering the integration agenda and our wish not just to reflect the issues but to help to develop options and solutions.

On 20 March 2018 Jeremy Hunt, Secretary of State for Health and Social Care outlined the 7 key principles that will guide the Government's thinking ahead of the social care green paper:-

1. **Quality** and safety embedded in service provision
2. **Whole-person, integrated care** with the National Health Service and social care systems operating as one
3. The highest possible **control** given to those receiving support
4. A valued **workforce**
5. Better practical **support for families and carers**
6. **A sustainable funding model for social care** supported by a diverse, vibrant and stable market
7. **Greater security for all** – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be

Note that much of the work detailed in this update demonstrates that we are already undertaking work to deliver these principles e.g. Quality Assurance Framework, Health & Social Care Integration including the Integrated Care System, workforce development and support for families and carers.

Funding and cost pressures - additional funding for Adult Social Care 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 Adult Social Care precept that councils could add to council tax rates. Despite most councils planning to make use of the social care precept (80 per cent according to a Local Government Information Unit survey), the vast majority (91 per cent) expressed the view that council tax rises could not address the social care funding gap.

The Association of Directors of Adult Social Services Budget Survey 2017¹ presents a concerning picture. Despite extra funding & councils protecting and planning to spend more on Adult Social Care 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.

¹ <https://www.adass.org.uk/media/5994/adass-budget-survey-report-2017.pdf>

Buckinghamshire's Adult Social Care budget for 2017/18 was increased in year due to spending pressures, and totals almost £143 million, which represents 42 per cent of the overall County Council budget. When we commission services, we review service models & future demand (through the lifetime of the contract) to secure the best outcomes for service users and best value for the Council. **Appendix 1** identifies the trends and increases in the costs of new care provisions within Adult Social Care since April 2016.

1.2 Mental Health Act Review

The Government has set up an independent review of the Mental Health Act 1983 which is looking at how the legislation is used and how practice can be improved. The purpose of the review is to understand the causes around a number of issues including:

- the rising rates of detention under the Act
- the disproportionate number of people from black and minority ethnic groups detained under the Act
- the processes that are out of step with a modern mental health care system

The review will seek the views of service users, carers, relevant professionals, and other relevant stakeholders and make recommendations to the government in a report due for publication in autumn 2018.

1.3 Deprivation of Liberty Safeguards

In a follow up to the last 6 monthly update, the government has now agreed to legislate to replace the Deprivation of Liberty Safeguards with a new system when parliamentary time allows. In a parliamentary statement, social care minister Caroline Dinenage said that the government had broadly accepted a replacement for Deprivation of Liberty Safeguards – known as the Liberty Protection Safeguards – proposed by the Law Commission following a review of the law in this area commissioned by ministers, and which reported last year.

1.4 Chief Social Worker for Adults Annual Report - March 2018

In the “reflections” section of her annual report Lyn Romeo stresses the importance of social work practice with adults embedding and using rights and strengths-based approaches. She also highlights the growing emphasis on working with communities and multi-disciplinary networks.

The Chief Social worker underlines the contribution made by social workers and the importance of the social work model. The organisation's role is important in enabling and fostering good practice. Local authorities must provide the framework and the right elements to make the best use of social worker capabilities. It is also important that the National Health Service recognises and supports social work's essential contribution to effective integrated responses." Social workers need to play “equal and valued “roles in multi-disciplinary teams.

The Chief Social Worker's report tells a positive story about the difference social work is making to people's lives but this is enabled by ***“how we invest in recruiting, retaining, and developing social workers making sure there is a sufficient supply of suitably qualified social workers with the right skills, attitude and approach”***.

Working with Peopletoo consultants, we have identified that meaningful protected time and capacity is needed to enable our social work managers and practitioners to focus on developing and sustaining their practice.

In order to understand what these requirements are, and for quality assurance working within Adult Social Care, we have undertaken interviews with a sample of our social work managers and practitioners in order to understand their current workload and experiences of protected time.

We have then incorporated this into 3 “protected time profiles” of a R9 Business Manager, a R7 Social Worker and a R5 newly qualified Social Worker, to gain a clear understanding of how we can support our social work managers and practitioners over the coming year.

Our own Buckinghamshire Principal Social Worker action plan for 2018/19 prioritises:

- placing a stronger focus on the “softer side” of social work practice – a focus on people, outcomes and their experience, the quality of relationships and interventions as well as rigour of process
- learning and development to develop our own staff
- measures to recruit and retain staff, including an objective to increase the ratio qualified staff to non-qualified staff
- and the embedding of protected time for training and development and reflective practice to support these priorities and so that it becomes part of business usual

2 Delayed Transfers of Care

A ‘**Delayed Transfer of Care**’ occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

NHS England, the body responsible for monitoring delayed transfers of care nationally, defines a patient as being ready for transfer when:

- *a clinical decision has been made that the patient is ready for transfer, and*
- *a multidisciplinary team has decided that the patient is ready for transfer, and*
- *the patient is safe to discharge/transfer*

As soon as a patient meets these three conditions and remains in a bed, the ‘clock’ starts and they are classified as ‘a delayed transfer’

There was a significant focus on the levels of Delayed Transfers of Care in 2017/18, with challenging targets from National Health Service England. As a system we have met the target set for Delayed Transfers of Care attributable to social care but fell short of the required reduction in delays attributable to the National Health Service. At the end of February 2018, there were 2,178 delayed days which were attributable to Adult Social Care compared to a target maximum of 2397, so 9 per cent under maximum target. For Health there were 9413 delayed days compared to a target maximum of 6300, which is 49 per cent above the maximum target.

As a whole system, Buckinghamshire has performed well in relation to our Chartered Institute of Public Finance & Accountancy comparator group for Delayed Transfers of Care, we have the best comparator performance for social care delays alone and our combined performance places us 5th out of our 16 comparator authorities for both health and social care delays in total.

Delayed Transfers of Care have been reduced through a number of measures that we are

delivering with our health partners including implementation of the High Impact Change Model, one of the national conditions for the Better Care Fund. The High Impact Change Model provides a good practice framework for reducing acute hospital trust Delayed Transfers of Care. There are 8 areas of change which are:

1. Early Discharge Planning
2. Systems to monitor patient flow
3. Multi-disciplinary discharge teams
4. Discharge to Assess and Home First
5. Seven day service
6. Trusted Assessors
7. Focus on choice
8. Enhancing health in care homes

3. Integrated Care Systems

In February 2018 the National Health Service Planning Guidance for 2018/19 was issued. Areas where health and care organisations voluntarily come together to provide integrated services for a defined population, such as Buckinghamshire, are now termed as 'Integrated Care Systems', and are seen by National Health Service England as key to sustainable improvements in health and care. This integrated approach will help to pro-actively manage our population, empowering them to manage independently for longer and where care is required, the delivery of wrap around support to meet their needs. In Buckinghamshire, the Integrated Care System continues in shadow form and this will be reviewed in September 2018.

Over the next five years, we will work with our partners to rebalance the health and social care spend in Buckinghamshire to increase support for living, ageing and staying well, as well as prevention and early intervention initiatives.

4. Care Market Management and Sustainability

Glen Garrod, the new president of the Association of Directors of Adult Social Services has recently said "***When the National Health Service was formed it became totemic almost. It was an identifiable construct which had a group of identifiable professions within it. Social care operates through local government in a local environment. Its national profile isn't as powerful.***"

This is evidenced through the fact that spending will fall as a proportion of Gross Domestic Product from 1.2 per cent in 2009 to 0.9 per cent in 2020 at a time of growing demand for care services. A recent study² 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 legislative changes such as increases to the national living wage and charges by the regulator, the Care Quality Commission; 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 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.

² [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)

³ <https://www.gov.uk/government/publications/care-homes-market-study-summary-of-final-report/care-homes-market-study-summary-of-final-report>

The Competition and Markets Authority published a report in November 2017³ identifying two core issues with the care home market:

1. Those requiring care need greater support in choosing a care home and greater protections when they are residents.
2. The current model of service provision cannot be sustained without additional public funding; the parts of the industry that supply primarily local authority-funded residents are unlikely to be sustainable at the current rates local authorities pay. Significant reforms are needed to enable the sector to grow to meet the expected substantial increase in care needs.

In March 2018, the Department of Health and Social Care responded, broadly accepting the recommendations of the report in principle. That there is:

1. Enhanced planning at local level, so Local Authorities can make accurate and meaningful forecasts of future needs, and plan how best to meet them;
2. Oversight of Local Authorities' commissioning practices to ensure Local Authorities are supported in drawing up their plans, and that these plans are drawn up and carried out; and
3. Greater assurance at national level about future funding levels, by establishing evidence-based funding principles, in order to provide confidence to investors

4.1 Care Market Management

In recognition of the financial pressures, the Government allowed councils to increase council tax by up to 3 per cent in 2017/18 (resulting in additional £7.5 million revenue for Buckinghamshire). The extra money has been used in Buckinghamshire to help stabilise the care market, particularly the home care market.

Locally, we have contractual arrangements in place with a range of providers covering 524 locations. Our total budgeted commissioned spend (not direct services) is £131million:

- Residential Placements: £48 million
- Nursing Placements : £27 million
- Direct Payments £17 million
- Domiciliary Care : £13 million
- Supported Living : £21 million
- Transport : £2million
- Other : £3million

There are other public sector commissioners accessing the market – predominantly health & housing – and up to 65 per cent of older people care home beds are commissioned by self-funders. Therefore, to manage the market to deliver strategic aims and ensure value for money as well as to minimise process burden on providers, we aim to achieve the best possible alignment on areas of shared interest.

To that end, we are currently refreshing our Market Position Statement jointly with health and other key partners. We do have routine strategic fora established with relevant provider groups which we utilise jointly with health colleagues and to share useful intelligence with the sector.

We do collate and review benchmarking data from across the region but are looking to extend that activity particularly with local authorities in the east with whom we share a number of providers.

4.2 Sustainability

There is one nursing care home that has decided to close which had capacity for 40 residents. This is being managed in a coordinated way with close involvement of the residents, their families, the care provider and health and social care professionals.

The closure of this care home results in the departure from the county of one of the big national care home providers, Four Seasons Health Care. The biggest care home provider in the country, HC-One has had attention as it has been put up for sale. The group is currently reporting positive earnings alongside the debt it accrued in making purchase of other companies last year. There are no HC-One or Bupa homes (a group HC-One bought in 2017) in Bucks and we are showing a comfortable occupancy rate of c 90% in our older people care homes in county.

There has been substantial work carried out over the last 3 months, in particular, to stabilise particularly the home care 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.

5. Service Quality

As at March 2018 the Care Quality Commission reported on the findings of 21,703 locations. The breakdown across the four Care Quality Commission ratings was:

	National	%	Buckinghamshire	%
Outstanding	487	2%	5	3%
Good	17067	79%	131	73%
Requires Improvement	3799	18%	40	22%
Inadequate	350	2%	3	2%

In Buckinghamshire much of our service provision is also subject to regulation by the Care Quality Commission. We have 179 residential/nursing homes, domiciliary care providers and extra-care services rated by the Care Quality Commission. Compared to the national average we currently have slightly fewer home rated as 'good' and slightly more that 'require improvement'.

We know that 24% of our care provider establishments need to make significant improvements and the Quality in Care team, which is jointly funded by the Council and Health supports providers rated as Requires Improvement and Inadequate using a triage process which prioritises these providers above all others. A multi-disciplinary approach offer is presented to these providers is help them address issues identified in their individual CQC Improvement Plan. The Service Offer includes providing managerial support, in-house training to all staff (in both clinical & non-clinical areas), access to Study Days, making further referrals to partners organisations as relevant, guidance with Policies & Procedures and any other support as relevant, often bespoke to meet the needs of each provider.

More generally, the Quality in Care team work in in a targeted way with providers in Buckinghamshire to help them improve standards of care – examples of the outcomes achieved in 2017/18 are:

- Facilitated reductions in the number of safeguarding incidents and non-elective Accident & Emergency admissions for providers where we provided targeted support – we reduced the number of safeguarding incidents in 43 care providers by 175 incidents compared to the previous year and reduced Accident & Emergency admissions by 22 per cent.
- Continuation of the Programme of Medicines Management (reducing waste, stopping or optimising medication of residents) in residential and nursing homes
- Developing a new partnership with the South & Central Ambulance Service to implement a falls prevention projects with care homes
- Enhanced training for care providers to support clients living with dementia - the Quality in Care Team has been providing Tier 1 & Tier 2 Dementia Training since January 2018.
- Re-commissioning of HealthWatch Bucks to evaluate Dignity in Care in adult care homes for 2018
- Initiation of a project to map how residents living with catheters are supported and to identify good practice and challenges across services in Buckinghamshire

6. Local Priorities and Developments in Adult Social Care in Buckinghamshire

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

6.1 Health and Social Care Integration and Transformation

Following a period of review and reflection in the New Year, we refreshed the approach for our Transformation Programme to support the “Better Lives” strategy with a focus on the following:

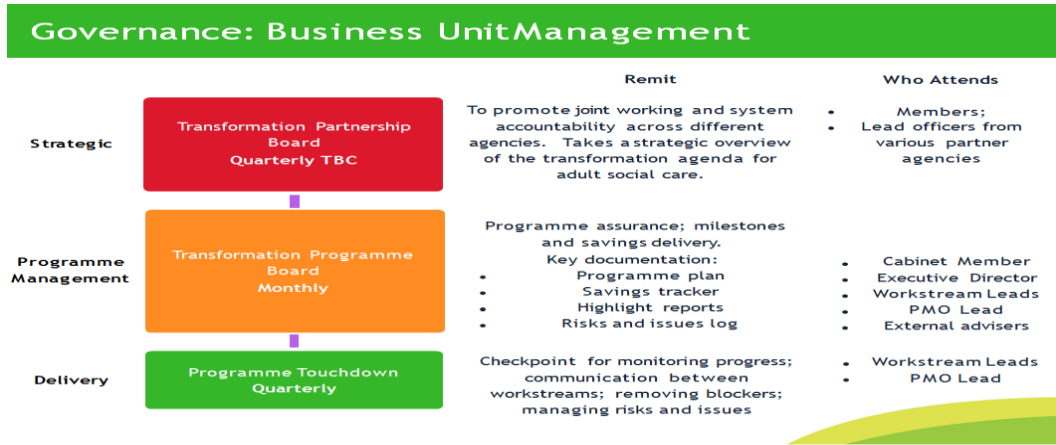
- Ensuring that we work within the legislative and our own policy frameworks
- Providing support that is proportionate to people’s needs and based on their strengths
- Enabling more people to live independently
- Continuing to improve the health and wellbeing of our residents
- Delaying the need for care through early diagnosis, prevention, early intervention and reablement.
- Ensuring that decisions are evidenced, recorded and reasoned
- Delivering cost effective services in line with resources available

To make the changes, we have introduced the new “Better Lives” model with 3 Service Tiers:

- Living Independently
- Regaining Independence
- Living with Support

The revised Transformation Programme is arranged around the 3 Tiers, each Tier led by a named Service Director supported by a Programme Management Office that reports directly into the Executive Director for Communities, Health and Adult Social Care. There are clear governance arrangements in place for the Programme to ensure accountability and delivery.

Underpinning our approach is a continued focus on a strengths-based model; having a different type of conversation with people that encourages them to lead healthy and independent lives within their local community, and drawing on their personal strengths and assets with the appropriate and proportionate support of the health and social care system. We will work with partners to make information, advice and support available to enable people to feel confident and safe to remain in their own home.



6.2 Safeguarding – Reviews and Enquiries

In April 2017 a Large Scale Enquiry was initiated into a domiciliary care provider. Organisational abuse was substantiated and recommendations will be presented to the Board in June 2018.

The Large Scale Enquiry was able to identify immediate concerns for example not completing all assigned care tasks and address them quickly to ensure that appropriate care services were provided to those who needed them. This was a provider from whom very few safeguarding concerns had been received prior to the Large Scale Enquiry. Learning will be implemented by being more proactive and asking providers from whom we receive no or very few safeguarding concerns, to provide assurances that they are monitoring the area of safeguarding.

In November 2017 a Large Scale Enquiry was initiated for a Nursing Care Home and organisational abuse was substantiated in April 2018. The report is now being finalised and going through required sign-off processes to ensure that all relevant stakeholders are fully aware of and endorse findings. Following this, recommendations will be presented to the Board in September 2018.

The Safeguarding Adults Team undertook over twenty individual service user safeguarding enquiries and substantiated neglect and ill-treatment in many of the enquiries. Immediate steps have been taken to improve how the organisation escalates concerns to the local authority and changes to how it quality audits its own services. Fortnightly Multi-Disciplinary Improvement Meetings continue to take place and organisations are working closely with the Nursing Care Home to embed change.

The Large Scale Enquiry identified that at times agencies did not working in coordination and it has been recommended that the Large Scale Enquiry policy and procedure is reviewed by the Safeguarding Adults Board. The Large Scale Enquiry policy and procedure is currently being reviewed by the Policy and Procedures sub group and any recommendations for changes will be presented to the September 2018 Board at the same time, as part of this wider discussion.

6.3 Quality Assurance

There has been a number of crucial changes at the most senior management level across Communities, Health and Adult Social Care. The current roles of Service Director (Communities) and Director of Public Health will be combined to create a new role of Service Director of Prevention and Public Health.

We have further strengthened our approach to quality, performance and safeguarding by establishing a Service Director role to oversee these functions. Alongside these changes, we have created a new post of Head of Governance to lead on improving business processes across the business unit.

Taking all these changes together, the new structure has a strong focus on professional services, with clear accountabilities, which will support the Council in moving forward. These senior management developments help to establish a strong and clear accountability for how we now further progress our work on quality assurance across Communities, Health and Adult Social Care.

An essential part of improving quality has been the work we have recently undertaken in developing a Quality Assurance and Learning Framework, which has the following objectives:

- To develop and apply best practice standards for Adult Social Care
- To take a consistent, 'whole systems' approach to how we monitor and evaluate Quality
- To contribute to organisational learning
- To identify, celebrate and build on good practice and success
- To take action to deliver quality improvements when necessary
- To implement clear and robust governance arrangements for quality assurance

We have developed thirteen best practice standards with our social work managers and practitioners, which represent key elements of 'what good looks like' for the people, carers and families we engage with, our professional and voluntary sector partners and our officers.

We have developed a Quality Assurance and Learning Framework Delivery Plan which sets out the learning, activities and audits we will undertake during 2018/19 to evidence how the standards are being put into practice by staff and managers and clear and robust governance is in place reporting to all levels of management across Communities, Health and Adult Social Care.

Specific tasks include:-

- Audits of case files which focus on evidence of best practice in relation to the people we support, their carers and families.
- "Protecting time" for Supervision, Delivering Successful Performance reviews, and individual and group reflective practice, to engender our development of our learning & coaching culture, alongside using these forums for greater scrutiny of compliance with the standards and performance required of our officers.
- Audits of Risk Management, Deprivation of Liberty Safeguards and Safeguarding decisions
- Feedback, compliments and complaints from stakeholders via individual communications, national /local surveys and focus groups
- Independent Audit/Inspections relating to social work practice
- Improvement and benchmarking activities comparing our baseline and progress in 2018/19 to High Performing, Nearest Neighbour and South East Authorities.

Whilst the primary focus of the Quality Assurance and Learning Framework is practice, we are supporting practice improvements by skilling our officers through the Quality, Service Improvement & Redesign programme, to design and implement more efficient and productive processes and services. Participants apply the learning from the programme to their own improvement projects, and are supported between workshops to help make them a

success, supporting Transformation agendas and also providing a great opportunity for networking across key partner organisations.

The Quality Service Improvement and Redesign programme has been adopted by Buckinghamshire Health Trust as their project management programme.

The Buckinghamshire, Oxford and West Berkshire training faculty is unique for a number of reasons:

- Being the only team to have trainers from the local authority, acute and non-acute sectors and to offer it to partners across the footprint.
- We presented at the November Quality Service Improvement and Redesign network event and there is every likelihood we will be asked to talk/present at an event in June 2018
- We were the first of only 2 sites in the United Kingdom asked to pilot a new course for the Academy.
- We are instrumental in the redesign of the Advancing Change & Transformation Academy national marketing and communications strategy.
- We were presented as a case study for the 'Developing People, Improving Care' follow on report for National Health Service Improvement.
- We were featured in the national newsletter for Medical Directors.

We have already trained or are in the progress of training over 30 different colleagues from across Buckinghamshire County Council with the next Practitioner course due to commence in May 2018. One of our main aims is to provide an integrated project management style that can be used across partnerships; it is a good opportunity for colleagues across Social Care and Health to share problems they have faced in improvement projects but also to identify common issues. It also provides an excellent networking opportunity for all staff involved and connects them across organisations and the County.

6.4 Hughenden Gardens Extra Care Retirement Village

Hughenden Gardens Extra Care Retirement Village in High Wycombe is due to open in May 2018. It will offer fully accessible apartments and on-site care and support, as well as other facilities, for those over 55 years of age. Buckinghamshire County Council has entered into a partnership with the Extra Care Charitable Trust, the provider of the village, and Wycombe District Council, who has provided the land in return for affordable housing.

Buckinghamshire County Council will be able to identify 75 people who will be given the opportunity to live in this new environment. They will be prioritised on the basis of their eligible social care needs, offering a better quality of life for individuals struggling with their current accommodation and who may otherwise have to go into long term residential care. The Council will fund the care costs for residents of these apartments for eligible clients, which will be provided by the care support team located in the scheme. Buckinghamshire County Council has agreed to underwrite this, in the event of a shortfall in the hours of care delivery, for up to a maximum risk of £500K over three years. This arrangement will be in place for the first 3 years only and thereafter the Extra Care Charitable Trust will manage any fluctuation in demand.

It is estimated that £600K to £700K savings will be achieved for the Buckinghamshire County Council annually, as a result of avoidance of residential care or higher cost care packages. As at the start of May 2018, 34 application forms have been received for individuals with a care need which will be considered by the joint allocation panel made up of Buckinghamshire County Council, Wycombe District Council and the Extra Care Charitable Trust.

6.5 Direct Care & the future commissioning of former Buckinghamshire Care Services

6.5.1 Fulfilling Lives

In July 2017 the Fulfilling Lives strategy was launched.

Over the past 6 months plans have been progressed relating specifically to day opportunities. Focusing initially on Buckinghamshire County Council owned day opportunities buildings and latterly independent day services, we will move away from developing buildings-based provision, towards supporting people to engage in meaningful activities in their local community.

Our approach to meeting the needs of people in relation to engaging with meaningful daytime activities would be in a flexible way to suit people's preferences. This could include for example access to sport or leisure services or acquiring new skills. It would present the opportunity for a group of likeminded service users to pool their personal budget, to access mainstream services with support, in their local community.

The proposal is for a phased review of all day centres, on a centre-by-centre basis and service users therein including:

- Co-production – detailed work at individual user and carer level
- Public and market engagement and shaping
- Client and carer reviews and reassessments and introductory sessions
- Implementation and transition from traditional services to new community based care model

The day services project is expected to be completed across all in house services within two years of its start date.

6.5.2 Seeley's and Short Break Services

Short Breaks provision describes a range of different types of support to enable people with needs to be able to continue living at home and their carers to maintain their caring role.

Seeleys Short Breaks service underwent a comprehensive Care Quality Commission Inspection 19th – 21st February 2018. The overall rating achieved for the service was '**Requires Improvement**'.

Following transfer back into the Council, the service achieved improvements in 3 of the 5 areas from the previous comprehensive Care Quality Commission Inspection undertaken in June 2017. (Safe - **Requires Improvement**; Effective – **Good**; Caring – **Good**; Responsive – **Requires Improvement**; Well-led – **Requires Improvement**).

Whilst recognising that significant progress overall had been made the inspection found on-going concerns with regard to risk management specifically linked to medical condition, fire, and medicine and records management. The inspection found that the service had not made sufficient progress to completely meet the warning requirement around risk (Reg.17 (1) safe care and treatment, Health & Social Care Act) outlined in the June Inspection (issued 19th July 2017). Consequently the Care Quality Commission issued a Notice of Proposal to impose a condition on the registration for regulated activity. There are 3 elements that form the condition on the organisations registration:

- The carrying out of monthly audits on care plans, risk assessments, and records of care delivery
- Written evidence must be sent to the Care Quality Commission monthly about visits undertaken on behalf of Buckinghamshire County Council to Seeleys during the previous month and any updated action plan which results from these visits
- Prior to the admission of a user to the service, a review of care provision is made and is reflected in the new care plan. Where a change in care need cannot be met the Care Quality Commission must be informed of the reason for this and what action has been taken to ensure the user can be supported when they next stay at the service.

The Care Quality Commission has stated that the issuance of the Notice of Proposal is related to a desire to see that the necessary improvements are made and also because the service has a 'relevant history of non-compliance'. The service will be re-inspected within 12 months.

Actions undertaken so far are:

- A Care Quality Commission endorsed action plan has been created and is being adhered to
- Weekly progress meetings are taking place attended by the Head of Service/Director of Operations
- A focused recruitment plan is underway including the creation of a new deputy manager role

We know that the residential Short Breaks provision we provide is in need of modernisation, both from the perspective of the built environment (Seeleys premises) and the quality and nature of the service provided, as highlighted above.

The current service is unable to meet the requirements of people with multiple and complex needs and a review of current practice has highlighted the need for a strategy setting out our approach to Short Breaks for adults who use a range of day time activities and overnight residential provision. This is currently in development and will be underpinned by a policy statement.

The proposal in respect of residential short breaks includes the plan to develop a replacement residential short breaks facility in Buckinghamshire. Detailed options are currently in development.

The new strategic approach to Short Breaks aligns the approaches across adults and children's services, reframing the offer to include day and evening opportunities and overnight residential provision in local communities, with alternative non buildings-based options to include Shared Lives, as well as a building- based options for those with the most complex needs.

6.5.3 Reablement

Our reablement offer is designed to help people regain independent living skills following an episode of illness or injury. Our priority is to provide the right support at the right time, in the right place and for as short a time as possible, to enable people to regain their independence as far as possible. .

We are proposing to improve people's outcomes by developing an integrated Health and Social Care intermediate care service; including reablement and the Buckinghamshire Healthcare Trust Rapid Response and Intermediate Care teams, under the framework of the Integrated Care System in Buckinghamshire.

By September 2018 a detailed options appraisal will have been concluded and will recommend whether Buckinghamshire County Council should continue to be a direct care provider of reablement, or whether an external delivery model would be more suitable.

The service underwent an announced Care Quality Commission Inspection from the 14th – 20th March 2018. The service achieved an overall rating of 'good' improving on the previous inspection under Buckinghamshire Care in October 2016 where a 'requires improvement' rating was given. Improvements have been made in the domains of 'safe' and 'responsive' with Care Quality Commission noting that the service received very positive feedback from users reflecting the teams active promotion of dignity and respect in service delivery .

Commission Quality Commission noted that the service faced on going challenges with regard to staff recruitment but that the management team was making creative efforts to attract candidates. Improvements were noted in medicine management, safeguarding, Mental Capacity Act, Duty of Candour. Commission Quality Commission also noted the service had improved both its complaints handling processes and the way lessons learned were then embedded in service delivery.

6.6. Replacement of Adults Integrated System - the Adult Social Care Client Recording System

Adult Social Care has recently made the decision to replace our existing Client Recording System Adults Integrated System with Liquidlogic. This is the same system that our colleagues in Children's services use and as they also had to make a decision about their ongoing use of Liquidlogic, the timing of both decisions provided a real opportunity to jointly commission a system that will enable and enhance both separate and synchronised recording for families that span across both services.

Whilst the decision to replace Adults Integrated System was underpinned by the fact that our existing provider is leaving the market, we had already made the decision that we would seek to replace Adults Integrated System in the near future.

Our intention is to have Liquidlogic in place and fully operational by April 2020, and to lead this work, both a Programme Manager and dedicated Project Manager were appointed in April 2018.

Governance is the key to the successful planning, delivery and implementation of this system change programme and this is being managed by both an Executive and Operational Board, with links to both Adult Transformation and Health Integration to maximise synergies and efficiencies between these major organisational change programmes.

Key improvements that Liquidlogic will bring include:

- Practitioners can record and reflect a person's story as the system and documentation are much more holistic (written in person's own words)
- Improved Data quality
- Improved Safeguarding recording
- Deprivation of Liberty Safeguards management is much simpler
- System much more intuitive and "smarter", so generates future /next tasks based on tasks completed.
- Social care staff don't have to ask for financial assessments – the system recognises and responds giving greater financial control (>income and <debt)
- Fewer opportunities for staff to "get it wrong"

We are developing a Pool of “System Champions” from officers in a range of grades from across the both Adults and Children’s Social Care and the wider organisation. These officers and managers are crucial to ensuring that we get the system configured in the way we need and that they lead on all of our staff positively engaging in our system change plans over the coming 12 – 18 months, leading up to April 2020.

6.7 Resilience

During the winter period between December 2017 and March 2018, there were three separate large scale invocations of Adult Social Care Emergency and Business Continuity plans, this is unprecedented in this timeframe.

Adult Social Care Resilience undertook the co-ordination and management role to facilitate and ensure the health and wellbeing of both our service users and our own staff. A Social Care Emergency Cell was set up and a minimum of twice daily conference calls were held, even during evenings and weekends, to ascertain the current status, support that was required, update on any issues, share information and ensure that senior management were fully briefed on the situation. Full compliance with the corporate and wider Thames Valley reporting structure was maintained.

Adult Social Care staff showed a great deal of dedication and commitment and should be commended for their efforts in ensuring the effective and safe delivery of care.

Commissioned care services were contacted and a process agreed for future contacts and reporting of any issues. Their commitment and determination should also be commended. Adult Social Care Resilience remained available until the last carer returned home on each affected day; this was also true for all internally operating services.

The use of the voluntary sector was invaluable; Bucks & Oxon Off the Road Group and Bucks Search & Rescue provided a 4 x 4 vehicular support to both our commissioned community providers and to our own reablement team.

6.8 Contract Management

As part of ongoing improvements in contract monitoring we shall be adopting the use of the PAMMS system as utilised across ADASS Eastern region. This will allow us to benchmark the quality of our suppliers across neighbouring authorities. This will also give us additional insight in to the growing supply chain that we use to support placements from the east of the County. This monitoring system will assist suppliers to meet CQC requirements and is much more interactive in systematically supporting and monitoring of planned improvements by suppliers.

6.9 Assistive Technology

During the previous financial year (2017/18) we have significantly expanded the Assistive Technology service and approximately 8,000 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. Alongside this we have significantly improved how we measure the qualitative and financial benefits of delivering the enhanced care technology service, providing evidence that over £1.5 million of traditional care costs were avoided in 2017/18.

To ensure that vulnerable people are empowered to continue to live independent, outgoing lives where possible, we have implemented the use of mobile lifeline systems, meaning that people can be supported by care technology outside of their home as a direct replacement for having to be accompanied by a carer.

Personal story

Mrs AB is 93 years old, lives in her own home and has a diagnosis of dementia. She has two carer visits per day and receives a hot meal delivery. A request was received to increase her care package or consider a placement as she was repeatedly leaving the cooker on and/or allowing water to boil over on the stove whilst cooking. She has had several reported falls and on occasion has waited a long time on the floor before being found by her carer.

The Assistive Technology service assessed Mrs AB and provided her with care technology that will enable her to continue living independently at home with no increase in formal care provision for the time being. The technology includes remotely monitored smoke, extreme heat and CO2 sensors placed in the kitchen and a fall alarm that will alert the monitoring centre, enabling them to contact Mrs AB to resolve the situation herself or, if necessary, raise a physical response.

Personal story

Miss CD contacted the Council as she was increasingly concerned about her father's welfare and wanted to explore formal care options. Her father is elderly and suffers from dementia. As Miss CD travels regularly with her job as a Flight Attendant she was worried that if a situation arose whilst she was away, her father may not be able to get help and could potentially not be 'found' for some time. This anxiety was giving her cause to request care calls for her father.

The Assistive Technology Service assessed Miss CD's father and installed a virtual environment in his home. This consists of a number of non-intrusive sensors that record activity (e.g. movement from bedroom to lounge, refrigerator door opening/closing, bathroom light switch activated etc.) The activity data that is collected is viewable online and accessible via a secure login. Miss CD has reported that, "this has proved invaluable to my peace of mind...being able to see that he has been to the bathroom and entered the lounge means I can relax and not worry about organising anyone to check up on him". The care technology provided has enabled Miss CD to continue to undertake her role as an informal carer without the need for additional support whilst her father continues to live independently in his own home.

We are undertaking a number of important developments in relation to our "Transport Offer" to the individuals and families we support. Taking a whole system approach is necessary to ensure that the Council conveys the detail of our statutory and discretionary duties for everyone who accesses travel assistance and that this offer is linked to the wider programme of transformation with children services.

It is also important that the Council also conveys to service users, their family and our workforce, expectations about independence and where there is not a statutory duty that our officers support and signpost people to use the resources and existing support already available to them to access social care provision before transport is funded.

Work being undertaken in this area of transformation for adults is as follows:

- Understanding the costs and the needs where the council fund transport for adults
- Promoting independence, rationalising routes, workforce, travel solutions
- Developing adult social care policy and linking this to the Post 16 statement and the wider BCC approach to travel assistance

6.10 Performance (Provisional) ** for key comparative performance data see Appendix 1.

At the end of March 2018, we performed well against a number of key statutory indicators notably the number of residential and nursing home admissions per 100,000 pop for older

people and younger adults. The performance has exceeded the target for the year and is an improvement on 2016/17. In addition, the proportion of adults who are receiving Direct Payments to purchase the care and support they need also exceeded the target set for the year achieving 41.7 per cent compared to a target of 37 per cent, which is higher than national and comparator outturns for previous years.

However, there are also some 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 March 2018 was 32.7 per cent (provisional) against a target of 50 per cent. This is moving in the right direction with a significant uplift in March 2018 from 7.1 per cent. This has been identified as a priority area for the Transformation Programme and we will continue to work together with children's services to drive improvement in identifying young people for transition earlier.

The proportion of Adult Social Care clients who are reviewed at least once per year was 84 per cent at end of March 2018. Weekly forums were established to drive forward improvements whilst ensuring safeguarding remained a priority. An external organisation (RT Group) was also brought in to provide additional reviewing capacity until the end of March 2018. At the end of Q3 we were on a trajectory to complete just 69% of reviews, so our outturn of 84 per cent demonstrates the positive impact of the process changes, productivity and practice improvements and additional capacity during Q4.

** please note all performance figures are provisional as data has been run before completion of year end data cleanse for the Department of Health & Social Care statutory returns.

6.11 Data Protection

Adult social care is continuing to work with the corporate General Data Protection Regulation project team to identify actions that the service needs to take to evidence compliance with the new regulation. Workshops have taken place with operational and commissioning staff across adult social care and Privacy Impact Assessments have been completed on key data systems. In addition, third party supplier contracts have been reviewed and updated.

New data protection e-learning modules are now available and adult social care staff are required to undertake and complete these before the end of May. In addition, a new corporate electronic system has been purchased to record data incidents/breaches, subject access requests and police disclosures with which all services including adult social care will be required to engage.

The objective for the service is to ensure that all staff are equipped with the necessary skills and knowledge to effectively undertake their responsibilities in this area, and to also ensure their engagement and compliance with both service and corporate reporting requirements.

Floor walks took place across the service to raise awareness of data protection, part of which involved asking staff to complete a skills/knowledge survey. This will form the basis for any further training that we feel is necessary for staff. In addition, a data protection area has been created and will continue to be updated regularly on the Communities, Health and Adult Social Care dashboard, which contains information and guidance for staff.

Background Papers- See footnote hyperlinks and Key Data Appendix 1

Appendix 1 - Key Data

1) 2017/18 Key Adult Social Care Performance (provisional) reported to Cabinet Members:

RAG	Measure	2017/18 target	2016/17 outturn	2017/18 Q4 Mar	Quarterly direction
Green	% of adults using social care who receive direct payments (DP)	37.0%	40.6%	41.7%	▲
Green	% of adults with LD who live in their own home or with their family	67.3%	69.2%	69.8%	▲
Amber	% of adults with secondary MH services who live independently, with or without support	84.5%	84.5%	81.0%	▲
Green	Adult admissions to residential & nursing, per 100,000 population	11.2	11.2	9.2	▲
Green	Older people admissions to residential & nursing, per 100,000 population	520.0	494.2	400.8	▲
Red	% of clients receiving an annual review (see narrative in section 6.10)	100.0%	71.1%	84%	▲
Red	% timely CYP transitions (see narrative in section 6.10)	50.0%	1.6%	32.7%	▲
No data	% of older people still at home 91 days after hospital discharge to reablement or rehabilitation services	75.0%	75.0%	Data not yet available	

2) **Analysis of increase in costs of new provision of care for service users from April 2017 to Mar 2018** - covers spot bed total costs but note that this excludes any reduction (benefit that the Council receives) from third party top-ups.

