

Report to Cabinet

Title:	Adult Social Care Update
Date:	Monday 10 th December 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, covering June – December 2018.

Recommendation:

Cabinet is asked to note:

- i) **The key national legislative changes that adult social care is facing and the uncertainty arising from delays of the Green Paper.**
- ii) **The scale and range of transformation that we are undertaking in Buckinghamshire.**
- iii) **Our co-design and delivery with key stakeholders.**

Adult Social Care Update

1. Legislation and Policy

1.1 Social Care Funding

At the end of July 2018, the Local Government Association (LGA) launched a nationwide consultation to encourage a debate on how to pay for adult social care. The LGA Green Paper highlighted that since 2010 councils have had to bridge a £6 billion funding shortfall, and estimated a £3.5 billion funding gap by 2025 to maintain existing standards of care.

The paper set out options for how the government could improve the system and the measures to be considered given the scale of the funding crisis. It also included a range of possible solutions to pay for adult social care in the long-term.

Our response to the LGA was informed by a full Council debate in September which provided the opportunity for Members to express their views on the challenges facing adult social care. The resolution received full cross-party support and the Cabinet Member for Health and Wellbeing subsequently wrote to the Secretary of State for Health and Social Care. The letter articulated the significant local and national challenges for adult social care and the need for a speedy resolution to the long-term sustainability of services.

The Council's concerns are echoed nationally. The Public Accounts Committee has expressed concerns about the achievability of health and social care integration given the financial pressures on local authorities. The Royal College of Surgeons has written to the Chancellor highlighting the probably impact on discharge of patients if the £3.5bn gap is not addressed. The King's Fund (an independent charity) considers that adult social care needs at least £1.5bn more funding per year to copy with demand.

Whilst the additional short-term funding for 2019-20 announced in the budget has been welcomed by leaders of social care services, funding challenges for adult social care remain a significant concern.

1.2 Homelessness Reduction Act 2017

At the beginning of October 2018, the Homelessness Duty to Refer came into effect^[1]. This duty encourages local housing and other public authorities to work together to prevent homelessness through providing integrated service provision.

We have confirmed processes to refer with all the District housing teams and have the relevant documentation to do this. We have confirmed protocols with managers through the Heads of Service meeting, are briefing lead members through the Communities, Health and Adult Social Care Board, and are meeting with District Councils later in the autumn to pick up any further actions or emerging issues including whether this could end up as an unfunded pressure.

^[1] <https://www.gov.uk/government/publications/homelessness-duty-to-refer/a-guide-to-the-duty-to-refer>

2. Resilience

2.1 Care market management & sustainability

Glen Garrod, President of the Association of Directors of Adult Social Services (ADASS), has responded to the Care Quality Commission's 'State of Care' report released in October, by saying:

"This report is an important contribution to our national debate around how we fund, organise and provide the best care possible. The fact that a postcode lottery of access and quality now exists, with many areas at or beyond a tipping point owing to care funding shortfalls, is both a highly personal and a national tragedy."

Independent sector providers have continued to absorb changes in law which add additional cost pressures to the delivery of care, from increases of fee rates to them by the regulator, to the proposed Mental Capacity (Amendment) Bill.

To bring stability to the care market, particularly for home care providers, uplifts have been offered to those providers who can demonstrate particular pressures arising specifically from legislative changes such as meeting the increases in the national living wage.

The October 2018 Care Quality Commission report contains the outcomes of their inspections on the regulated provision in Buckinghamshire. The breakdown across the four ratings was:

	National		Buckinghamshire		
	Number	% (Oct 18)	Number	% (Oct 18)	% (Mar 18)
Outstanding	615	3%	6	3%	3%
Good	17431	80%	152	75%	73%
Requires Improvement	3574	16%	45	22%	22%
Inadequate	305	1%	1	>1%	1%

Commissioning continues to offer a range of different interventions, with health partners, to the sector to assist improvement in performance. This includes providing training and support in targeted areas including safeguarding, the Mental Capacity Act, Deprivations of Liberties safeguards and medicines management. The Association of Directors of Adult Social Services has developed an online tool, Provider Assessment and Market Management Solution (PAMMS), which is a quality monitoring system. We are piloting the use of this tool with two of our block suppliers, with a plan to roll this out across all areas next month.

We have helped celebrate and increase recognition of best practice in the county with the annual Dignity in Care awards held at the beginning of May. It was inspiring to hear about and to congratulate teams that show huge dedication and commitment to improve the experiences of care for people with needs. Our 'Access All Areas' event in September was similarly a great showcase co-produced with partners, service users and carers, demonstrating ways people with a learning disability or autism can be included in and can contribute to mainstream activities in the community.

No care homes or home care providers registered and delivering care in Buckinghamshire have closed in this period. The care home identified in the last adult social care 6-month update to Cabinet in June 2018 closed in the agreed timescales and all residents were successfully found suitable, alternative services. Health and social care staff worked with the provider, residents and their families to achieve positive outcomes for all the individuals involved.

Following implementation of improvement plans, several care homes have now come off suspension (a process by which the Council contractually suspends new referrals to the service). These include Lent Rise, a Freemantle Trust home, and Holmers House, a Heritage Care home.

There remains a lack of staff coming into the care market to meet the levels of demand nationally and locally. Currently recruitment of staff from European Union countries appears to be stable but we will continue to monitor this through contract meetings and provider forums over the coming months.

2.2 Adult Social Care Winter Planning

In order to prepare for the coming winter pressures, we have:

- Reviewed and updated all of our plans in preparation for winter 2018/19, to ensure the continuous delivery of services during this period to all our clients including our most vulnerable service users. Alongside our health partners in Buckinghamshire, Oxfordshire and Berkshire, we have held joint events to test and ensure that our resilience programmes are aligned, clear and have been tested robustly.
- Launched the Council's funded flu vaccination programme which will run until January 2019, and is open to all Council employees, Elected Members, commissioned providers and Healthwatch employees.
- To support the successful delivery of the flu programme to protect our most vulnerable clients, we have also undertaken the following:
 - implemented a clear communications plan to maximise vaccine uptake
 - co-ordinated the Council staff vaccination programme, which included 7 in-house clinics for staff + a voucher scheme so staff could choose to attend a pharmacy of their choice as an alternative
 - managed the adult social care commissioned care providers vaccination programme including inviting 150 care homes to participate, arranging flu vaccination clinics at the care homes, and implementing a voucher scheme for staff to attend a pharmacy of their choice.
- Launched the NHS Cold Weather plan 2018-19, writing to all adult social care contracted providers to remind them of the expectations placed upon them and to advise them of how they may access support in the event their own business continuity plans cannot maintain service delivery.
- Worked jointly with independent sector providers and system partners as part of preparation for winter demands.
- Arranged a workshop session for providers, health and social care to jointly plan for winter.

2.3 Timely Hospital Discharges

The national Better Care Fund sets local targets to be met on the timeliness of hospital discharges, referred to as Delayed Transfers of Care. Following the publication of the Better Care Fund Operating Guidance for 2018/19, the Buckinghamshire Better Care Fund plan was amended to include the new national aims for Delayed Transfers of Care reduction from September 2018 and adjustments to the budget to reflect in year priorities and efficiencies made through recommissioning.

The indications are that the Better Care Fund will continue into 19/20, but this has not been confirmed. The Improved Better Care Fund grant is a three year allocation and for the third year, 19/20 the value is £2.3m, £1.3m less than 18/19. This has been built into our medium term financial plan savings for 19/20.

There are concerns regarding the system performance in relation to Delayed Transfers of Care. There were 1,226 cumulative acute and non-acute days delayed (April – July 2018) attributed to social care and 5,432 acute and non-acute days delayed attributed to health.

Overall the total number of bed days delayed for Buckinghamshire spiked in May 2018 and then has reduced over the months validated to date.

Targets are set nationally from September this year. For Buckinghamshire from September 2018 – March 2019, there is a challenging target. We have seen an overall reduction in delays since we last reported this to Cabinet in July when the average was 50.1, as it has improved in August to 40.1 against a target of 31.8, and remains a focus for further improvement.

	Target	July 2018	August 2018
Health	24.9	42.16	30.87
Social Care	6.8	7.97	9.10
Joint	0.1	0.0	0.19
Total	31.8	50.1	40.16

There are a number of initiatives that are being undertaken to improve discharges. One, as part of the High Impact Change Model (a good practice framework for managing delayed transfers of care, which has 8 areas of change detailed in the previous ASC 6 monthly update to Cabinet in June 2018), is progression of the Discharge to Assess programme.

‘Discharge to Assess’ incorporates a number of health and care pathways of activity that maximise patient flows, allowing effective management of capacity demands across the Integrated Care System. It starts with reviewing existing organisational and partnership processes across the whole Buckinghamshire system to ensure they are operating as effectively and efficiently as they need to. This includes identifying, assessing and communicating best discharge plans across agencies at the earliest point. It also involves reinforcing the shared ethos of ‘Home First’, reflecting that individuals should be supported to recover their independence in their own communities whenever possible, not least as that is what people tell us they want.

The discharge to assess model also includes commissioning additional short term

capacity from care homes and home care providers, operating with input from therapists with a reablement focus; additional capacity delivered by the Red Cross, to help patients navigate the system and allied with the existing Home to Hospital service; and extra independent brokers working on acute wards to offer self-funding patients more information and assistance on care options.

3. **Integrated Care System (ICS)**

The Integrated Care System (ICS) is a partnership of NHS organisations with local councils and others, which takes collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. Integrated Care System leaders and organisations have greater freedoms to manage the operational and financial performance of services in their area.

There are currently fourteen Integrated Care Systems in England¹ of which Buckinghamshire is one. Our delivery plan consists of four key programmes:

- (i) **Access, Care & Efficiency** – largely focused on secondary and tertiary care services; and accident & emergency (i.e. hospital based services)
- (ii) **Integrated Care** - largely focused on primary and community based services and referral pathways to and from hospital care. Most adults and children's services fall within this area.
- (iii) **Population Health Management** - early prevention and self-care; and health data and analysis
- (iv) **Professional Support Services** - back office services (estates management and digital development is being taken forward at the Sustainability & Transformation Plan level).

Senior leaders from across the Integrated Care System have been identified to lead each programme and detailed plans are being developed.

Within the Integrated Care Programme, of particular interest for Buckinghamshire County Council, is the development of Integrated Locality Teams (and community hubs), which are aligning with the GP clusters developed by Health Partners.

4. **Transformation Programme**

Buckinghamshire County Council is committed to delivering the best quality support for residents and families who have care or support needs, within the resources available. These are not just Council resources but the resources available to the individual through their own families, friends, networks and other local communities.

Our Transformation Programme is a significant journey to fundamentally redesigning and improving the way that we both support people who need to rely on us and enable people who can live independently to continue to do so with support from family and community networks.

We are doing this by focusing on three key programmes or tiers, which are

¹ 1st wave ICS: South Yorkshire and Bassetlaw, Frimley Health and Care, Dorset, Bedfordshire, Luton and Milton Keynes, Nottinghamshire, Lancashire and South Cumbria, Berkshire West, Buckinghamshire, Greater Manchester (devolution deal), Surrey Heartlands (devolution deal). 4 more areas were agreed in May 2018: Gloucestershire, West Yorkshire and Harrogate, Suffolk and North East Essex, North Cumbria

underpinned by crosscutting activities such as organisational development and human resources, technology and systems, business intelligence and analysis and digital design and development.

4.1 Tier One - Living Independently - key objectives include:

- To develop **an integrated Prevention Model** with partners across health and social care. Following stakeholder engagement throughout the summer we will be developing a detailed action plan to deliver agreement on the model and its implementation.
- To design and implement a **new “front door”** into adult social care that supports people to access the right information and advice to make informed decisions at the right time. Thus enabling people to help themselves through signposting to non-statutory services. Key to this will be the development of our digital and design offer to our residents.
- Consultation with staff commenced in October 2018 to redesign our ‘Front Door’ teams to facilitate the model set out in our Transformation Programme. The staff consultation will focus on a staffing restructure/remodel involving the Customer Services Centre, the Community Response and Reablement team and the In-Touch team. We anticipate that the new organisational structure will be operational in February 2019.

4.2 Tier Two - Regaining Independence - key objectives include:

- To align our **reablement service** with the equivalent services in Buckinghamshire Healthcare Trust (this project will transition into the Short Term Intervention project). The aligned reablement service has operated in its new format from September 2018 and Healthwatch Bucks will be undertaking qualitative engagement with service users in November 2018 to assess the impact of the improvements and identify any further improvements.
- **Short term Intervention** – the development of an integrated service with Buckinghamshire Healthcare Trust for a single multidisciplinary short-term intervention service to provide an equitable and high quality service to all residents in Buckinghamshire. This service will bring together the reablement services of Buckinghamshire Healthcare Trust and Buckinghamshire County Council and therapy services currently offered by both organisations.
- **Preparing for Adulthood** – securing immediate improvements to our current support to young people transitioning from Children’s to Adult Social Care; and the development of a single service between Children’s and Adults Social Care.

4.3 Tier 3 - Living with Support - key objectives include:

- Recommissioning our services, including direct care services that Buckinghamshire County Council provides e.g. Day Centres, so we are confident that they provide the best outcomes for our users.
- Modernising our Social Care management service to ensure that it will have the capacity and capability to meet demand and be able to deliver the strengths based approach. We are training all staff and relevant staff in partner organisations in the Strengths Based approach and are amending and developing our policies and procedures to support this.
- Developing housing options which are focused on enabling service users that are able to live more independently to access mainstream housing accommodation with the appropriate support.
- Exploring opportunities for joint commissioning with Health partners across all of our service delivery.

4.4 Transformation Dashboard

To support the Transformation Programme, we have developed a dashboard aligned to the 'Performing Better Every Day' and the eight Quality, Service Improvement Redesign (QSIR) principles that we have implemented across the Council. QSIR has a focus on service improvement and is delivered to a range of health and social care staff. The main aspects of it include understanding demand and capacity; and creativity, sustainability & measurement of improvement. Adherence to these principles ensures that:

- The programme is clear on the outcomes sought for people in Buckinghamshire and how performance against these outcomes can be measured
- Trends, trajectories and anomalies are clearly identified and investigated
- The story behind the data is presented alongside the numbers
- There is a focus on establishing what works and taking action

The dashboard includes indicators, which evidence the short and medium term impact of the programme, and is updated and presented at monthly and quarterly meetings to develop a deep understanding of performance, challenges and remedial actions.

5. Quality, Standards and Performance

The Quality, Standards and Performance Unit is newly formed and will provide the Council, members and community with oversight and assurance as to the quality and standards of service delivery with a particular focus on adult social care.

Adult social care is in the process of launching its new Quality Assurance Framework (a practice governance approach) and action plan. The focus of quality assurance will be on the experience, progress and outcomes of adults who come into contact with our services. It will also incorporate:

- Strengths based: quality assurance will focus upon strengths whilst identifying where practice can be improved. It will seek to offer high support and high challenge
- Evidence-based decision making: quality assurance will provide a clear rationale for decisions made when considering practice. Quality assurance must be transparent and fair to those whose practice is being assured
- Outcome-focused: the proper focus of quality assurance will be upon outcomes rather than on processes which are well understood through a robust performance management framework
- Positive: our approach to quality assurance will be positive – looking at informing and encouraging improvement and supporting the development of staff and services
- Reflective: our quality assurance framework is designed to promote reflective practice and shared learning.

6. Safeguarding Adults Reviews

Buckinghamshire Safeguarding Adults Board currently has 3 Safeguarding Adults Reviews in progress. These relate to:

- Adult L – a young man in his twenties who had learning disabilities and mental health issues
- Adult V – who was known to misuse alcohol and not engage with health and social care services
- Adult Z – who was in his seventies and was known to self-neglect

Between August 2018 and March 2019, these SARs will have been or will be presented for scrutiny by the Bucks Safeguarding Adults Board.

7. Budget & Performance (as at 30th September 2018)

The 2018/19 adult social care budget totals £175m gross and £132m net; the difference consisting of grant income such as the Better Care Fund (BCF), client contributions and income from Clinical Commissioning Groups (CCG) for their contribution to s117 clients. The total budget also includes:

- £4.6m additional funds to meet growth in demand for services - in addition, on the 2nd October 2018 the Government announced £240m additional emergency funding for social care, £1.671m of which has been allocated to Buckinghamshire.
- £5.2m in savings targets - we have made good progress against this figure and delivery of £4.7m is already anticipated.

The vast majority of the adult social care budget is spent on providing packages of care to service users:

- | | |
|--------------------------|------|
| • Direct Payments | £19m |
| • Domiciliary Care | £15m |
| • Nursing Placements | £26m |
| • Residential Placements | £46m |
| • Supported Living | £22m |
| • Transport | £ 2m |
| • Other services | £ 1m |

Growth in demand and spending pressures come from:

- an increasingly elderly population
- more complex support needs
- market pressures impacting upon external providers, particularly the recruitment and retention of staff

Local Authorities work within financial limits largely determined by Government and in order to work within the cash envelope set for adult social care, the Business Unit has been required to set savings targets.

The delivery of savings inevitably affects the provision of care and requires us to find more cost effective solutions e.g. supporting service users in their homes

through use of assistive technology.

With age expectancy increasing, there will always be service users who require support that is more intensive and require a nursing or residential home placement, and the financial forecast for the portfolio currently shows a £2.1m overspend, the majority of which relates to budget pressures for service users aged 65+ in nursing & residential homes.

Adult social care charges are means tested and residents' financial contributions are determined by their levels of income and capital. An increasing number of service users are exhausting their funds and are becoming the responsibility of the Council.

We recognise that any overspend will create financial difficulties for the Council and every effort is being made to mitigate this by the identification of opportunities to reduce spend.

8. Performance

At the half way point in the year (September 2018), we had performed well against a number of key statutory indicators. The number of residential and nursing home admissions per 100,000 population for older people and younger adults are on track to be within target at year end. The proportion of adults who are receiving Direct Payments to purchase their care and support continues to perform above national and comparator averages and has exceeded the target (37%) in September, achieving 43.5%. Performance of adults with secondary mental health services in paid employment and those living independently are also above target and are showing an increase since the beginning of the year.

However, there are also some indicators where our performance requires improvement. The percentage of adults with a learning disability in paid employment and those living independently are below target and have not experienced an improvement since the beginning of the year. Clients receiving an annual review are increasing as expected throughout the year but are not currently achieving the required trajectory to meet the year-end target at this time (achieved 33.9% in September versus 40% target).

A number of new indicators have been added to the Cabinet reporting this year which will be impacted by prevention and integration work under the Transformation Programme. Of note, the percentage of service users going through reablement resulting in independence is currently below target (45%) with an outturn of 39.4% in September, however there has been an improvement since the beginning of the year.

In addition, we are improving our reporting capability, to provide additional benefits for managers and officers across the Business Unit. These benefits will enable managers to have easy and immediate access to performance and activity information, and ensure that reports are accessible and user-friendly.

9. Key Developments

9.1 iCares

iCares is the new Integrated Social Care Solution programme that will replace the existing AIS computer system used by adult social care. It is a fully integrated social care and financial solution, used alongside children's services and will integrate with health systems.

A governance structure for the programme is now in place, involving representatives from all the relevant business areas. At the most senior level, this is the Sponsoring Board which is chaired by the Communities, Health and Adult Social Care Executive Director. This ensures that the programme remains aligned to the Transformation Programme and Integrated Care System.

At present the iCares programme is working through the procurement process which should be completed by February 2019.

9.2 Seeleys Short Breaks Service

Following the previous inspection in February 2018 by the Care Quality Commission which led to the service 'requiring improvement' (re-inspection due Nov/Dec 2018), we have actioned the following:

- Created an improvement plan endorsed by the Care Quality Commission, which we are rigorously adhering to and which is submitted to CQC each month
- Arranged progress meetings which are taking place each week attended by the Head of Service/Director of ASC Operations
- A Care Quality Commission Improvement focussed staff training day has taken place
- An external auditor has inspected care support plans with a subsequent improvement action plan being adhered to
- We have introduced a Medicines Management Competency Framework
- We have appointed a Deputy Manager to the service
- Senior Management maintain a focussed oversight including regular unannounced night and weekend progress improvement inspection visits
- Buckinghamshire County Council Health & Safety Inspection in July 2018 found a significant improvement on the previous inspection rating

The current service continues to be unable to meet the requirements of people with multiple, complex needs, and a review of current practice has highlighted the need for a strategy to set out our approach to short breaks. This is currently in development and we will underpin it with a policy statement.

We know that the residential short breaks provision we provide is in need of modernisation, both from the perspective of the premises and the quality and nature of the service provided so the plan is 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. Alternative non buildings-based options will include Shared Lives, as well as building-based options for those with the most complex needs.

9.3 Carers

We have initiated the re-commissioning process for the carers support contract. The revised contract will offer an all age-integrated service focusing on resilience and intensive support for carers who are in crisis. To develop this specification, we have completed a needs analysis for both adults and children's services.

In regards to adults and health, the analysis recognised the following:

- To allow further analysis of unmet needs, there needs to be an increase in the identification of young adult, male, migrant and black minority & ethnic carers.
- Carers have limited access to short breaks services.
- Carers find the current assessment process difficult to navigate and are not satisfied with the outcome.
- Query whether services provided are in line with the Council's focus on resilience.
- Service users 'register' with provider but have limited knowledge of the service offer.
- No alignment with other offers such as transitions from children's and Clinical Commissioning Group offer.
- Compared to the overall number, only 2% of carers supporting with learning disabilities and 5% of carers supporting people with mental health issues are registered with Carers Bucks.

To inform the contract specification, a number of co-production sessions have been held across the county to ensure that carers' voices are heard and that the new service meets their needs. Some of the key measures/indicators of whether these new services do in fact meet carers expectations and health and social care requirements have been defined as follows:

Adult carers will say that:

- I am able to access the right information at the right time to support me in my caring role
- I feel that my experience and knowledge is valued and that I am a partner in the care planning process
- I am able to access information online and through referral to other organisations who can offer me specialist advice
- I have a positive experience of accessing services, and feel supported
- I know how to contact the services working with me and my family, I understand how they work together and what I can expect from them
- I know what community services are available to me
- I am aware of volunteering opportunities in my community
- I feel more resilient and able to deal with caring responsibilities because of the support that I receive
- I can access support before I reach crisis point
- I understand how to navigate different services.

Buckinghamshire County Council and the Clinical Commissioning Group will say that:

- We have good evidence that the Carers Service is improving outcomes for carers of all ages and their families.

- Professionals working in Buckinghamshire are able to identify carers, understand and support their needs.
- Services in Buckinghamshire have access to the right information about carers to help them develop their services in a way that meets need.
- Services in Buckinghamshire work effectively together to support families where there are carers, and can provide a whole family approach.
- Our Carers Service provides good value for money.

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 Democratic Services by 5.00pm on 7December 2018. This can be done by telephone (to 01296 382343), or e-mail to democracy@buckscc.gov.uk
