



# Committee report

COMMITTEE	<b>POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE</b>
DATE	<b>16 MARCH 2020</b>
TITLE	<b>PERFORMANCE AND KEY ISSUES ACROSS ADULT SOCIAL CARE AND HOUSING NEEDS</b>
REPORT OF	<b>DIRECTOR OF ADULT SOCIAL CARE AND HOUSING NEEDS</b>

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## 1. SUMMARY

1.1 This report is divided into three parts: an update of key national debate about adult social care; an update of key performance and issues affecting adult social care (ASC) locally; and an overview of the findings of the independent review undertaken by the national Care and Health Improvement Programme into the Department's work in supporting people to be discharged from hospital.

## 2. BACKGROUND

### **2.1 The ongoing national debate about Adult Social Care**

2.1.1 The 25 February 2020 witnessed a parliamentary opposition debate on ASC and the Local Government Association has provided a cogent briefing into the key issues currently facing ASC (appendix 1). The Green Paper on the future funding of ASC is now nearly three years overdue and there is still no publication date, albeit the Prime Minister has most recently undertaken to "publish a plan" based on a "cross party approach" by the end of 2020, with implementation of key proposals by the end of the current Parliament. Since 2010, £7Bn has been removed from ASC budgets (£700m in the current financial year) – and as a result we have witnessed levels of unmet need increase to 1.6M elderly people (2019 estimate by Age UK) and increased provider fragility (with over 75% of all Directors of ASC reporting that providers have exited the market). The Health Foundation estimates that restoring access to ASC to 2010/11 levels of service and investing to stabilise the ASC workforce would require an increase of £12.2Bn (compared to estimates of funding available to 2023/24).

2.1.2 Of course, the future funding options pertaining to adult social care are very well researched. During the last twenty years or so, there have been 13 white and green papers, Royal Commissions and independent reviews – all addressing the future funding and models of ASC delivery. The key dilemma is not so much that

additional funding for ASC is required (that case has been accepted by parties of all political hues) but precisely how much extra and how the extra funding is sourced: whether nationally or locally; whether by income tax and/or national insurance contributions (and whether these are hypothecated and/or applied to people of a certain age or over); whether by insurance schemes (and whether these are compulsory or voluntary); and what any “minimum” guarantee of state funded care and support should comprise as opposed to how much any one individual should be expected to spend on their own care and support needs.

- 2.1.3 In recognising the acute budget pressures affecting ASC, Government has provided additional one-off funding and the continuation of some existing grants, such as the Improved Better Care fund. Whilst this has been essential in keeping vital services going – its short term nature precludes local councils from being able to make longer term plans. Furthermore, there is unequivocal evidence that the underfunding of ASC has resulted in fewer people receiving ASC from their local council (despite the rising numbers of elderly people, especially those aged over 80) and increased fragility in the independent provider market. Indeed, the National Audit Office (2018) found that people funding their own care in care homes pay fees which are, on average, 41% higher than the fees paid by local authorities for the same care. The national representative bodies of care homes and domiciliary care agencies argue that local authorities are not funding the actual cost of care - and that private funders are, in effect, cross subsidising the financial shortfall their members experience. Such a scenario does not only raise key issues about market fragility – but also social justice.
- 2.1.4 A further focus of the national debate about ASC pertains to its workforce. It has long been acknowledged that “working in care” is underpaid and undervalued. For instance, as recently as February 2020, the Secretary of State for Health and Social Care wrote to all NHS staff thanking them for their hard work and commitment over the winter months. Such accolade and appreciation is well deserved. But no equivalent letter has been sent to the ASC workforce for their hard work this winter. In its most recent annual report, Skills for Care identifies that 1.62 million people work in ASC (October 2019). This is marginally more people than work for the entire NHS – and I would argue that the work undertaken by ASC is equally vital to people’s health and wellbeing. Despite the introduction of the mandatory National Living Wage, in 2018/19 the real term median hourly rate of pay across ASC in England was only £8.10 – with nearly a quarter (24%) of the ASC workforce on zero hours contracts. Perhaps not surprisingly, therefore, staff turnover rates are very high – 30.8% per annum (or just over 440,000 leavers) in 2018/19 – albeit two thirds remained working in ASC. In 2018/19, 122,000 jobs in ASC were vacant at any one time. To be clear, this is a sector where as little as a 25p per hour differential in pay rates result in people moving from one employer to another.
- 2.1.5 Finally here, local councils have done their utmost to protect adult social care since 2010 and ASC now accounts for 38p in every pound spent by all upper tier local authorities. Even so, as revealed in the 2019 survey of Directors of ASC undertaken by the Association of Directors of Adult Social Services (ADASS), Directors and their teams have had to “exercise astonishing levels of ingenuity and fortitude to carry on meeting people’s needs in circumstances of almost unparalleled difficulty” (Julie Ogle, President of ADASS, Key messages, ADASS Budget survey 2019). The fact of the matter is that, whilst many people get great care and support to live good lives and die good deaths, too many struggle

without any help at all, or with insufficient help. And either informal carers are picking up the strain – or people are simply going without.

2.1.6 In short, therefore, the need to properly fund and reform ASC is one of the most pressing public policy issues of our time. Whilst we wait to do so, people are paying the price – in all respects of that phrase.

## **2.2 Local Issues and Performance across ASC**

**2.2.3 Delayed transfer of care (DTC):** performance has been excellent in December 2019 and January 2020: 3.0 per 100k people and 1.7 per 100k people respectively. This means that only 109 bed days in December and 63 bed days in January were “blocked” because of delays by ASC in arranging support for someone leaving hospital. Furthermore, in January 2020 the entire health and social care system on the IoW exceeded its DTC target of 5.9 per 100k people: its performance was 5.4 (or a total of 195 bed days). ASC provides a comprehensive service based at the hospital at the weekends and, as set out below, many aspects of how the system is operating to support patient flow is being recognised nationally as both innovative and best practice. Indeed, the IoW is one of only 2 local systems asked to present at the national Better Care Fund conference at the end of March 2020.

**2.2.4 Permanent rates of admissions into residential and nursing care homes for people aged over 65:** A total of 4 new permanent admissions into residential care homes were made in January 2020 (all of whom were aged over 65) and 3 new permanent admissions into nursing homes were made in January 2020 (two of whom were aged over 65). This means that permanent admissions into care homes represented only 1.2% of all referrals into adult social care in January 2020. In January 2020, the department was funding: 431 people aged over 65 in residential care homes; 99 people aged over 65 in nursing homes; and 215 people aged 18-64 years in care homes. When we compare our performance, our rate of permanent admissions for elders into care homes is 506.44 per 100k population aged over 65 (January 2020) – compared with 580 per 100k people aged over 65 nationally as at the end of 2018/19. This is in alignment with the department’s Care Close to Home strategy as well as the aims and ambitions set out in the Island’s Health and Care Plan.

**2.2.5 Permanent rates of admissions into residential and nursing care homes for working age adults (18-64):** as stated above only one person aged 18-64 moved into permanent nursing care in January 2020 – and none into residential care. However, this means that our rate of admission equates to 25.85 per 100k people aged 18-64 – and this is too high. The national 2018/19 outturn rate of permanent admissions was 13.9 (and our local outturn for the same year was 10.7 per 100k). We have looked at this increase and it is because of some people with learning disability, with very high levels of needs and complexity, no longer being eligible for Continuing Health Care and who thus become the funding responsibility of ASC. The numbers of people involved are very small – but because the denominator is also small, a few more people in the numerator make a disproportionate impact in performance.

- 2.2.6 Reablement:** people entering our reablement services are monitored every two weeks at the “DTC Plus” meeting chaired by the Director. The ASC reablement services are divided into three: home based reablement, and bed backed reablement provided at the Gouldings and the Adelaide. On the 19 February 2020, 65 people were in receipt of reablement provided by ASC in their own homes: 21 has started their reablement journey in the previous two weeks (of whom, 17 had come directly from hospital); and 20 people had ended their reablement journey (of whom 8 had regained their independence completely and needed no ongoing support and only one had gone into residential care). In terms of the Gouldings, in the two weeks ending 19 February 2020, 8 people started their reablement journey and 7 people had ended their reablement journey. All people (bar one) returned home upon leaving the Gouldings. On the 19 February 2020, 21 beds were occupied (meaning that there were 6 vacancies on that day, an unusually high number). For the same time period in terms of the Adelaide, 17 people started their reablement journey (16 people coming straight from hospital) and 6 people ended their reablement journey, 4 of whom returned home. Again, as of the 19 February 2020, 22 of the 24 beds in the Adelaide were occupied. Our aim is always to support people in reablement in their own homes whenever possible and so our pathways encourage the minimum use of residential backed reablement as possible. Accordingly, we monitor the average length of stay for people using our reablement services every two weeks. For the 19 February 2020, those people leaving the Gouldings had an average length of stay of 17 days: for the Adelaide, it was 29.5 days. It is perhaps important to remember that reablement is one of only two areas where national means testing regulations do not apply (the other being for people who are in receipt of s117 aftercare as defined by the Mental Health Act) and thus is free at the point of delivery for a maximum of 6 weeks.
- 2.2.7 Safeguarding:** 308 safeguarding referrals were received by the department in January 2020 – 99 from care homes. This is in line with monthly averages. However, only 28% of these referrals, after being scrutinised, resulted in becoming full safeguarding enquiries (as opposed to 50% on average every month in the previous year). In terms of timeliness, 76% of all safeguarding meetings were held in 7 working days – and again this is far lower than previous months where performance is consistently in excess of 90%. As a consequence, we are undertaking a review of the January referrals to ensure that no safeguarding risks have been missed.
- 2.2.8 Equipment:** the Community Equipment Store continues to perform very well. During January 2020, 406 items of equipment were on short term loan to people and 69 adaptation requests had been processed. All requests for equipment for people leaving hospital were delivered within 24 hours of the request being received – as were all other high priority requests. Overall during January 2020, 86% of all equipment was delivered on the same day as the request was received.
- 2.2.9 Wightcare:** in January, 5078 emergency alarm calls were received by Wightcare. 98.9% of these calls were answered within one minute. Of these calls, 463 resulted in a responder attending the person in their home– and 98.1% were attended at home within the target of 45 minutes. Again, this is excellent performance.

**2.2.10 Homelessness and rough sleeping:** we have made excellent progress in meeting our duties towards reducing homelessness and rough sleeping. A total of 52 households were prevented from becoming homeless in January 2020. Moreover, 302 households have been prevented from becoming homeless between April 2019 and January 2020: this compares with 222 households in the same period of time in the previous year (a 36% increase). There are real tragedies that underpin these data and having a home over one's head is the most basic of needs: the fact that the Housing Needs service is responding to ever increasing numbers of people and families presenting as homeless is a good litmus of the rising levels of housing needs faced by island families and households. Of equal significance, the official rough sleeper count conducted in January 2020 revealed only 5 rough sleepers across the island: this compares to 34 in January 2019. Our emergency winter shelter has been a significant success and 14 people who have used the shelter since it opened in November 2019 have already moved into more permanent accommodation.

**2.2.11 Households in temporary accommodation:** there were 162 households living in temporary accommodation at the end of January 2020 (as opposed to 192 in January 2019). Of these 162 households: 8 were living in bed and breakfast accommodation (see below); 95 were in the private sector leasing scheme; 26 were in the Housing Association Leasing Scheme we commissioned from Vectis; and 33 were in Registered Social Landlord properties run by Southern. Some of these families have been living in the same accommodation for several years, especially those in the RSL properties. In February 2019, we established the fortnightly "Temporary Accommodation Meeting", attended by colleagues from housing needs, adult social care, children's services, the voluntary and community sector and Inclusion (specialist drug and alcohol service commissioned by Public Health). The meeting is chaired by the Director or the Service Manager for Housing Needs and we review all families in temporary accommodation to identify and monitor move on plans when their temporary accommodation is nearing the end of its lease. This "one council" approach has yielded significant success in not only supporting families to secure permanent accommodation, but to ensure that there is co-ordinated support going into the family, delivered by the professional "closest" to them.

**2.2.12 Households living in Bed and Breakfast accommodation:** there were 8 households living in bed and breakfast accommodation as at the end of January 2020 – and NO families with children. This is a drastic improvement from January 2019 when there were 43 households living in bed and breakfast accommodation, including 22 families (who, between them had 32 children). Since Housing Needs was amalgamated with ASC in January 2019 we have applied a relentless focus on diverting any families whatsoever from bed and breakfast accommodation: it is wholly unsuitable for children. Our success in diverting families away from bed and breakfast has involved being more creative with the housing options we identify for families. For instance, we have used holiday and leisure parks to good effect: even though living in a caravan or static home might not be ideal, it affords families the opportunities to be able to cook, eat together and have access to private bathrooms in a way that bed and breakfast accommodation does not.

**2.2.13 Housing Register:** as at the end of January 2020, there were 2655 people on the housing register. This compares with 2237 in January 2019 (in other words, there has been a 18.7% increase). Of key importance here, the numbers of people in band 1 has NOT increased over the past year and currently stands at 23 people (January 2020). The largest increase in numbers is among people in bands 2 and 3 – which includes those people experiencing severe overcrowding (at least 2 bedrooms) and significant medical or welfare issues. Specifically, there were 1493 people in bands 2 and 3 on the housing register at the end of January 2020 – compared with 1305 at the end of January 2019 (a 14.4% increase). What this means is that, whilst we are very effectively responding to people faced with homelessness or rough sleeping – and we are proud of the fact that this island does NOT have children living in bed and breakfast accommodation - there remains a very significant level of unmet housing need amongst local people, and it is rising, and it is serious. The island's housing strategy is out to public consultation at the time this report was being written. It is vital that we agree on our targets for family sized, affordable, accommodation - as well as developing a robust strategy for how we the council can best drive the delivery of that accommodation.

## **2.3 Financial Performance**

**2.3.1 Month 10:** the Department's 2019/20 net revenue budget is £48,891,420. As at the end of January 2020, the department is forecasting a £888k overspend (1.8%). This represents a very slight improvement on the previous month – and the finance team have confirmed that the corporate contingency put aside at the beginning of the financial year is sufficient to cover this level of overspend without needing to access reserves. It should be noted, however, that the overall level of overspend includes an overspend of £1.34M on “external community care” (i.e., the care that is purchased by the department from independent providers). There are three principal reasons for this particular level of budgetary pressure. First, between April 2019 and the end of January 2020, the department assumed funding responsibility for 70 people already living in residential or nursing care and whose total capital is £23,250 or below (the level at which we must start to fund these people). The full cost of these 70 people is £734,330. The second reason for this overspend is that we have seen a number of people with mental health problems who were previously funded by the NHS become the (joint) funding responsibility of ASC: this has added a further £252k (full year effect). Finally, we have also seen the numbers of people in receipt of fully funded homecare rising from 572 people in December 2019 to 609 people in January 2020: this has added an additional £185k to the costs of external community care.

**2.3.1 Progress on 2019/20 Savings:** one of the reasons for the overspend has been our inability to deliver the full level of savings required this year. Of the £2,810,257 savings target for ASC this year, we have delivered £1,940,539 to the end of January 2020. This includes reviewing activity resulting in savings of £636k to date. Approximately £10m savings has been needed from ASC in the three financial years 2017/18 to 2019/20 – and the simple fact of the matter is that it is getting harder and harder to deliver and it now cannot be done without impacting directly on service users and carers (as is highlighted in the equality impact assessment for the 2020/21 budget). It should be noted that the Housing Needs Service has no savings to deliver this financial year.

**2.3.2 Next year's savings requirement:** as was agreed at Full Council on the 26 February 2020, ASC must deliver a further £1.542, 700 during 2020/21. The department has developed detailed plans for the delivery of each individual saving proposal - but several have a level of risk (especially the £1m to be delivered by recommissioning and reviewing existing packages of care and support). We have a statutory duty to assess and then meet eligible needs. Equally, we must ensure that our fee levels remain fair and enable the independent market to be as secure as possible.

## **2.4 The Care and Health Improvement Programme – Review of ASC contribution to hospital discharge**

**2.4.1 The Scope of the Review:** on the invitation of the Director of ASC and Housing Needs, a team of 5 national experts from local government and the NHS undertook an independent review of the effectiveness of the work undertaken by ASC to facilitate hospital discharge. The review team were asked to address five questions: does the hospital social work team operate effectively and efficiently in responding to referrals and supporting people to be safely discharged from hospital; does the department's SPOC team operate effectively and efficiently in arranging care for people leaving hospitals; is the department's reablement service operating effectively; are the ASC weekend hospital discharge arrangements operating effectively; and what needs to be sustained/changed in partnership working across ASC and the IoW NHS trust and IoW CCG in order to improve patient flow and effect better hospital discharge. The review took place on the 5 and 6 February 2020 and they fed back to approximately 60 people on the 14 February, including the Chair of the Health and ASC Overview and Scrutiny Committee (appendix 2).

**2.4.2 Key Findings (appendix 2):** the Review team were clearly impressed by the many colleagues they met during the Review, the quality of their work and the impact it had on supporting people to be discharged from hospital. Direct quotations from the Review team as fed back by the team are:

*“The social work team was exceptionally good – clear in their responsibility at the front and back door and take accountability for the work they do. The peer team were particularly impressed with their attitudes, values, commitment and knowledge”.*

*“The SPOC brokerage service operates well, supporting self funders and LA funded placements – the leadership of the commissioning team is well respected by the market”*

*“There is clearly very strong joint working between the health and social care reablement and rehabilitation teams...”*

*“The OCIT is an excellent new service, pulling people out and providing short term care at home for two weeks.”*

*“There are a number of good examples of weekend working by social care staff from the senior leaders to the reablement teams, SPOC, A&E and MAU social work staff and the social work team.”*

*“The PA scheme for discharge is innovative and responsive and could be expanded further to support adults with complex needs”.*

*“Relationships between key operational staff are very good and we saw some impressive joint working between health and social care staff in a range of different services”*

*“The IoW has some great staff doing some great work in health and social care and they need to be empowered and supported, with the right tools to do their job”.*

The team also told us that they were really impressed with the Community Equipment Service. This level of such positive feedback IS rare – and we are consistently being asked to present our ways of working at national events, because some of the things we do are not happening anywhere else (e.g., our hospital PA scheme).

**2.4.3 Areas to work on:** The Review team also concluded that some things still need to improve. Some of these improvements are for the hospital to complete (e.g., establishing expected dates of discharge and introducing criteria led discharge - which is obviously a matter for the doctors and other clinicians). They also urged system leaders to sort out things like: health and council IT systems not talking to each other; a lack of joint workforce planning across health and the council; and the co-location of staff (especially, moving the hospital SW team out of south block and back into the hospital).

**2.4.4 Reducing the number of beds:** The Review team also concluded that there are “too many beds” in the system. This aligns completely with ASC’s 2017 Care Close to Home strategy as well as the more recent Island’s Health and Care Plan. The Review Team urged the system to undertake a wholesale review of the different sorts of bed in the system, very clearly link this to the projected future needs of our population and agree a system configuration. (i.e. health and ASC). This particular recommendation is especially helpful, as we are about to launch a refresh of our Market Position Statement. And this will help ensure that we do this, not only with the independent and voluntary community sectors, but also with the IoW CCG and IoW NHS Trust colleagues.

### 3. APPENDICES ATTACHED

3.1 [Appendix 1](#): LGA Briefing 25 February 2020

3.2 [Appendix 2](#): Adult Social Care DTOC Pathway – Peer Review IoW

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