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Purpose: For Discussion

Committee report

Committee	**POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH**
Date	**22 JANUARY 2018**
Title	**CARE CLOSE TO HOME: A PROGRESS REPORT**
Report of	**DR CAROL TOZER – DIRECTOR OF ADULT SOCIAL CARE AND COUNCILLOR CLARE MOSDELL – CABINET MEMBER FOR ADULT SOCIAL CARE & PUBLIC HEALTH**

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1. EXECUTIVE SUMMARY

1.1 This report details progress in implementing Care Close to Home – the new strategy for adult social care introduced in April 2017.

1.2 Care Close to Home aims to improve outcomes for those we serve whilst simultaneously delivering financial sustainability. It has seven pillars comprising: three core delivery programmes (promoting wellbeing; improving wellbeing; and protecting wellbeing); and four enabling programmes (competent, confident, critical thinking staff; commissioning for value and impact; person centred practice and care; and partnerships and integration).

1.3 This is the second update report submitted to this Committee and there is growing evidence that the implementation of Care Close to Home is making the positive difference needed. Three sets of data most cogently highlight this progress. First, our long standing and significant over-reliance on residential and nursing home care has reduced throughout 2017 while the numbers of people supported to remain at home has increased. Second, our quarterly staff surveys reveal that colleagues from across adult social care are engaged in, and motivated by, the multiple programmes of change underway – and these staff surveys reveal an improvement in morale. Finally, the Department is on track to secure its 2017/18 £3.6M savings target and at the end of month eight is projecting a £9k projected overspend (compared with a £2.2M overspend at the end of 2016/17).

1.4 The Department, however, continues to face a steep improvement journey and we are still in the early phases of our transformation journey. In particular, there remain some key areas of performance improvement that must be tackled

successfully over the next 12 months. The most pressing of these pertain to: the backlog of assessments needed for people referred for deprivation of liberty safeguards assessments; the implementation of strength and asset based social work; embedding Making Safeguarding Personal; and the quality of care delivered across residential and nursing care homes, including the Department's own in-house units. (This latter improvement area is the subject of another report being considered by the Committee at this meeting and thus is not discussed below).

1.5 By way of summary, Care Close to Home has successfully galvanised the collective focus of the Department and is increasingly well understood by colleagues across the Council and our partners in other organisations such as health, the police, the voluntary and community sector and independent providers. Its implementation has resulted in some major improvement in performance as set out in section 2 of this report below.

Notwithstanding a very positive first nine months of implementation, Care Close to Home is a three year turn around programme that will continue to demand unstinting focus on: improving our commissioning and professional practices (and thereby outcomes for those we serve); further partnership and integration with health; and securing the most effective and efficient use of our resources, especially through harnessing the opportunities afforded by digital and assistive technology. I wish to acknowledge, and pay tribute to, colleagues across adult social care who have not only accepted the need for transformational change across the Department, but who have worked tirelessly throughout 2017 and led so many aspects of the implementation of Care Close to Home.

2. KEY PERFORMANCE DATA REVEALING PROGRESS AGAINST CARE CLOSE TO HOME

2.1. Key outcomes and performance targets associated with Care Close to Home are set out in the Corporate Plan and the Department routinely submits reports to the Corporate Management Team and Cabinet. The performance information below details the period January to end of November 2017.

2.2. **Reducing the over reliance on residential and nursing care:** adult social care on the Isle of Wight is a national outlier in terms of its over reliance on residential and nursing care. At the end of 2016/17, our permanent admission rate into residential or nursing homes was 951.9 per 100,000 people aged 65 and older. This compared to a national rate of 610.7 – making our local rate of permanent admissions approximately one third higher than elsewhere. Moreover, and despite some excellent individual services, the overall quality of residential and nursing homes on the island is below the national average as determined by CQC ratings post inspection.

Accordingly, a key plank of Care Close to Home has been to reduce our longstanding over- reliance on residential and nursing homes – by creating more options for people to safely remain living in their own homes. It is pleasing to note, therefore, that the department was supporting 512 older people whilst living at home at the end of November 2017 – up from 456 in January 2017. Equally positive, as at the end of November 2017, our projected 2017/18 admission rate into residential or nursing care for older people stood at 756.2 per 100,000 aged 65 and older – a 20.6% reduction over the eight months since the end of March 2017. Expressed another way, whereas in January

2017, 10% of all referrals to adult social care resulted in a permanent admission to residential care, the equivalent statistic for November 2017 was 0.7%.

It is important to note, however, that the actual numbers of elderly people living in residential or nursing homes being funded by adult social care is showing less than a 20% level of decline (which have reduced from 511 in January 2017 to 490 in November 2017 for residential care and from 147 to 128 respectively in nursing homes). This is because of the numbers of people already living in residential or nursing care homes as "self funders" who have become the financial responsibility of the local authority over the last year: these people have exhausted their own savings (including the value of their home if they owned one and had no spouse or dependent child living at home) and reached the £24k total savings threshold whereby national rules dictate that the local authority assumes financial responsibility for a person's residential or nursing home care. Indeed, between December 2016 and November 2017, adult social care assumed financial responsibility for 57 older people, at a total annual cost of £858k, who had reached the minimum savings threshold.

2.3. **Improving the efficiency of our care management response:** there has been a significant improvement in the effectiveness of our response to those we serve as measured by our speed of response and how well we have tackled our significant backlogs of reviews. The examples that follow all detail our starting position at January 2017 and our performance as at the end of November 2017.

The completion of **n**eeds assessment within 28 days has improved from 55.4% to 77.2%. The completion of financial assessments has improved from an average of 14.6 days to 4.7 days. Reviews completed on time have improved from 48% to 66% - and this has been achieved whilst simultaneously reducing the number of reviews overdue by more than three months from 388 to 66. Finally by way of example here, safeguarding strategy meetings occurring within 7 days of receipt of a safeguarding referral have improved from 90.5% to 96.3%.

2.4. **Delayed transfers of care (DTOCs):** reducing the numbers of people experiencing a delayed transfer of care from hospital is a top priority for the Government and our success at meeting nationally set targets for each adult social care department and local health community has become the subject of much scrutiny by NHS England and NHS Improvement – as well as the Care Quality Commission via "Area Reviews". Our improved performance as a Department in reducing DTOCs attributable to adult social care was highlighted in an article published in the 16 November 2017 edition of the Municipal Journal – where we were identified as being the second best performing Department nationally.

Our nationally set target is that no more than 4.58 per 100,000 people experience a delayed transfer of care. We have exceeded this target for each and every month since April 2017. Our performance for November 2017 was 2.1 per 100,000 people (or 73 bed days for the month). It is important to note that our health colleagues in the Trust and CCG also have a nationally DTOC

target they must meet and it is tougher than ours: 2.29 per 100,000 people. The health DTOC target incudes all DTOCs pertaining to people funding their own

social care - so it is vital that we work very closely with health to support those people. Since May 2017, therefore, the department has stopped charging anyone who funds their own adult social care for support provided by the Single Point of Commissioning Team in securing that care. Equally, we have reframed how we use the Department's in-house residential units for older people, the Adelaide and the Gouldings, in order to support hospital admission avoidance and provide step down facilities for those people leaving hospital who, whilst medically fit for discharge, are still in poor health and require 24 hour care and support for a temporary period. We have also increased the sizes of our outreach teams to provide more support for people going home and we have invested in early help services from the voluntary and community sector, establishing new services such as the Living Well service and more support for carers whose loved ones are in hospital. Finally, we have invested in technology (e.g., Own Fones and specialist beds that drastically reduce the risk of bed sores) to support people being able to go back to their own home wherever possible, as quickly as possible.

As I write this report, the hospital is experiencing extreme pressures with large numbers of people arriving at A&E and high numbers of patients experiencing very lengthy stays in hospital: both of which impact negatively on the hospital's performance and, more importantly, outcomes for patients. Accordingly, adult social care must continue to play its full part in having systems, processes and services in place that effectively support people to avoid any unnecessary admission to hospital as well as to expedite hospital discharge once someone is medically fit.

2.5. **Staff engagement:** Care Close to Home cannot, and will not, happen without staff across the whole of the Department understanding what we are trying to do, being engaged in the identifying the changes and actively supported to make those changes happen. We have now conducted four staff surveys across adult social care during 2017 (April, July, October and December) that provide a snapshot of staff views and experiences as we have been implementing Care Close to Home. We have used the Council wide staff survey tool as the basis for the questions asked and no single individual can be identified through their responses. Most recently, we have promoted colleagues working in our own provider services (e.g., our LD care homes, the Adelaide, the Gouldings and our outreach teams) to respond to the survey and they account for 36.9% of all respondents in the December staff survey.

Positively, 73.3% of respondents in December stated that "the council offers me the necessary training to do my job" – compared with 63.79% in April. Also positively, 50% of respondents in December stated that "morale is good where they work" – compared with 27.58% of respondents in April 2017. Moreover, 55.46% of respondents in December stated that "I feel the work I do is recognised and valued" compared with 37.72% in April. Very importantly, the survey reveals very high levels of support from staff for "things to be done differently": 87.07% in April and 90.83% in December. The survey results also reveal that over 45% of December respondents stated that they "often" or "always" work additional hours in order to meet the requirements of their role - highlighting the high level of commitment from staff across adult social care.

Less positively, all December responses pertaining to the visibility and accessibility of senior managers (defined as "your manager's manager and including the Assistant Directors and Director) were more negative than in April.

We are undertaking more analysis of these questions – and our current working assumption is that this reflects the higher proportion of respondents from provider services who, by definition, do not see or interact directly with the more office based senior managers across the Department on a regular basis (that colleagues based in Enterprise House or County Hall). However, regardless of whether this assumption proves to be correct, these results underline the key importance of improving formal and informal communication mechanisms in the Department.

2.6. **Budgetary control:** at the end of month eight (November 2017), the Department was forecasting a projected overspend of £9,531. Also by the end of November, the Department had secured £2.46m of its £3.6m savings total for 2017/18. Collectively, these two figures mean that the Department must remain vigilant in continuing to control its spend and delivering the remaining £1.2m savings.

3. AREAS FOR IMPROVEMENT

3.1. **Deprivation of Liberty Safeguards**: at the end of November 2017, there were 759 outstanding requests for a Deprivation of Liberty Safeguards assessment. This is unacceptable and of significant concern. Accordingly, at the end of 2017, we secured expert advice from a Queen's Counsel with much experience in this area of mental health policy and practice – because some of these assessments are more than two years overdue. Using this advice, we have been able to identify how best to approach this significant and serious backlog – and we have simultaneously delivered training so that social workers (in addition to those based in mental health) are qualified to undertake Best Interest Assessments.

To date, six social workers have successfully completed their BIA training – with another three currently in the process of completing their written assignment. Our aim is that all social workers become qualified to undertake Best Interest Assessments, because that is one way to avoid this situation from happening again.

Moreover, we have identified £250K from the 2017/18 budget to secure the services of an independent agency to undertake assessments (charging £650 per assessment) as well as £40k to fund advocacy services for those people needing it. The independent agency will complete all outstanding DoLS assessments for those people living on the mainland by the end of February 2018 and we will then start to tackle those people living on island. Our plan is that we have completed all outstanding DoLS outstanding assessments by the end of 2018.

3.2. **Strength and asset based social work practice:** whilst we have improved significantly the efficiency of the Department's care management processes during 2017, our priority for 2018 is to improve the quality of assessments, plans and reviews. We will be doing this by investing in training all care management staff around "strength and asset based" social work practice. Succinctly, this approach focusses attention on: how people want to live their

lives (what matters to them); what resources they already have around them (i.e., their friends, families and local neighbourhoods); and what a person CAN do – not what they can't. Strength based social work is proven to support more effective demand management – and to be focussed much more on outcomes.

3.3. **Embedding Making Safeguarding Personal**: we are in the throes of implementing a detailed action plan to improve the quality of multi-agency safeguarding practice – including that exercised by adult social care. This includes better application of safeguarding criteria: we receive too many safeguarding alerts from agencies (179 in November 2017) that do not meet the threshold for a safeguarding enquiry (it was 75 - or 42% - in November 2017). It also includes how we actively engage those people directly affected by safeguarding in identifying the outcomes they wish to pursue through safeguarding (and this sometimes means managing the risks they face, not removing them).

3.4. **Improving the quality of care across adult social care providers:** under the Care Act 2014, the Council has a duty to deliver a "high quality, vibrant and sustainable adult social care market" and a separate paper to this Committee details the work the Department is undertaking to drive up quality and standards across the sector. However, the Department is also a registered provider of residential care and domiciliary care with the Care Quality Commission – and we received a rating of "inadequate" for our care delivered at Overbrook care home for 4 people with learning disabilities. Urgent action has been taken to address all of the recommendations made by the CQC in its last inspection of Overbrook: staff training has been delivered; care plans have been updated and regularly audited; and staffing has been increased. Whilst we are confident that we have addressed the concerns raised by CQC, we are not complacent – and so service improvement plans have been developed by the new Group Manager and Registered Managers for every one of our learning disability care homes – and we have continued to source the services of an independent expert in raising the standards of the care delivered by our staff.

Equally, I am currently developing the terms of reference for an independent review of the quality of our care and management in our outreach teams and residential units for older people, the Gouldings and the Adelaide. This is because when Adult Social Care directly delivers services and support to those we serve, our ambition is to be nothing short of outstanding. We failed the people living in Overbrook and that is completely unacceptable. We are determined to make sure effective progress so that by CQC's next inspection we will not be found wanting against their standards and, more importantly, that our residents receive safe care and are living their lives to the full. Our residents and their families expect no less of us.

4. CONCLUSIONS

4.1. Although still in its early days of implementation, Care Close to Home is making a positive impact upon the outcomes for those we serve as well as for the management of the Department's finances. However, it is important to reiterate that the full transformation set out in Care Close to Home will take three years to effect – another two years, therefore. Notwithstanding the early and positive progress made, the Department faces a steep ongoing improvement curve. So

it is vital that our ongoing and collective focus remains on each of the seven pillars – and that this Committee continues to receive regular updates.

5. APPENDICES ATTACHED

None.

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