



PAPER I

Purpose: For Discussion

Committee report

Committee	POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH
Date	19 MARCH 2018
Title	CARE CLOSE TO HOME: ROUTINE PROGRESS REPORT
Report of	DR CAROL TOZER – DIRECTOR OF ADULT SOCIAL CARE

1. Purpose of report

1.1 This report provides the next update detailing the progress secured in implementing Care Close to Home – the strategy for adult social care introduced in April 2017. The data provided in this report are as at the end of January 2018, unless otherwise stated.

1.2 Care Close to Home seeks to improve outcomes for those we serve whilst simultaneously delivering financial sustainability. It involves the delivery of over 30 different change projects across the Department which amalgamate into 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). At its simplest, Care Close to Home is less about service delivery and more about people being supported to live meaningful and fulfilling lives as independently as possible. It is an ambitious programme, underpinning our wider determination to become an exemplar of national best practice in securing best outcomes for those we serve.

2. Key progress

2.1 **Improving performance:** the implementation of Care Close to Home continues to make the positive difference needed. Our rate of permanent admissions into residential or nursing homes for people aged over 65 now stands at 695.4 per 100,000. This means that our rate now is only 13.9% above the national average outturn for 2016/17, representing a 27% reduction since the 1 April 2017. We continue to improve our performance in providing a timely response to those we serve: 96% of safeguarding meetings were held within 7 working days; 99% financial assessments were completed on time; 78% assessments were completed on time; and 71% reviews were completed on time. Delayed transfers of care attributable to adult social care continued to exceed our

national targets: 2.8 per 100,000 of population in January (against a target of 4.58 per 100,000).

2.2 Managing demand: we have also started to see benefits from the additional investment made into the voluntary and community sector under the Care Close to Home pillar of “promoting wellbeing”. Specifically, we used Improved Better Care Fund monies to establish the Living Well Service, delivered via a consortium of voluntary organisations including Age UK, People Matter and Carers Isle of Wight. There is an open referral process into Living Well (i.e., referrals can come from GPs, family members, self referral, local community groups as well as ASC). When someone is referred to adult social care adult social care, but is deemed not eligible (according to national eligibility guidelines), that person is now referred into the Living Well Service (as long as they agree to us sharing their basic information with Living Well). The consortium of voluntary agencies then work together and agree who is best placed to support that person, depending on the person’s circumstances. The range of services and supports offered via Living Well is extensive and ranges from: advice and information, signposting, practical help at home, support to get involved in community groups, befriending and advocacy. Of 196 referrals made to the Living Well Service between November and the end of December 2017, only one person was re-referred into adult social care. This is a statistic of note. Traditionally, adult social care, because of the application of national eligibility criteria, undertakes no further action for approximately 40% of all referrals it receives every week - because the person has no eligible adult social care need. By investing in early help services, therefore, we are now able to provide a positive and purposeful response to people who, previously, we were simply turning away. And the evidence is now beginning to suggest that these people are not returning to adult social care (because they have been tipped into crisis).

2.3 Raising quality: adult social care on the Isle of Wight lags behind national quality standards as measured by CQC ratings. Whereas 80% of care homes nationally are rated as good or outstanding – the equivalent statistic for the Isle of Wight is just under 65%. One of the key initiatives under the Care Close to Home pillar of “competent, confident, critical thinking staff” has been to use the results of a meta-analysis of CQC inspections of every adult social care service on the island to create a learning and development programme to equip Registered Managers deliver best practice across all of the CQC Key Lines of Enquiry (Well-led, safe, effective, responsive and caring). The Earl Mountbatten Hospice has been funded by ASC to host and lead this learning and development programme, which is free to providers. The programme comprises a mixture of intensive classroom type learning, coaching and bespoke support to Registered Managers within their individual service. Courses have been agreed for the rest of 2018 and early 2019 – and there will be nine cohorts in total. The first cohort of Registered Managers recently completed this learning and development and whilst the real proof will be revealed via the ratings accorded via subsequent CQC inspections, the feedback to date from these Registered Managers has been that it has been enormously informative and helpful.

2.4 Keeping to our financial limits: as at the end of January, ASC was forecasting a £2,500 overspend only. This is despite also achieving over £3millions savings throughout the ten months to date in 2017/18. Internal audit

has just commenced a review of our 2017/18 savings strategy and implementation and this will be reported to the Audit Committee in due course. Throughout the year, we have adopted a relentless focus on spend, creating a high costs reviewing team and also carefully assessing those people in receipt of a direct payment. We have ensured that the Council is paying only for the care delivered by providers and challenged costs robustly where necessary. We have sought to support adults move out of residential care where this is in their best interests. The financial literacy and accountability that we have created and embedded throughout 2017/18, and our success in keeping to our financial limit thus far this year, is vital in giving staff confidence that we can also successfully deliver the savings required from ASC during 2018/19 – as we know that they will not be easy to achieve.

2.5 Developing our staff: we have significantly increased our investment in learning and development during 2017/18. We have expected a lot from our staff as we have begun to implement Care Close to Home – and our staff have a right to receive the necessary learning and development. We have introduced monthly “lunch and learn” sessions that have gathered momentum over the months. These focus on practice issues of key issues to colleagues across the Department. The most recent one (February 2018) focussed on strength based approaches to practice and attracted over 50 staff. On the 20 March, we will convene our inaugural annual ASC conference and have secured speakers of national note including: the President of ADASS; the Chief Social Worker for England; and the former Director of Finance for Social Care at the Department of Health. We will be using this conference to showcase some of our colleagues’ excellent work this year in securing best outcomes for those we serve. We have also introduced completely new training courses this year – for instance training on Cognitive Behaviour Therapy and supporting nine social workers so far this year to secure their Best Interest Assessor accreditation.

2.6 Recognising our staff: finally here, and although not strictly related to the implementation of Care Close to Home, I wish to place on public record the fantastic efforts that colleagues went to during the recent snow storm (and ensuing black ice) in ensuring that vulnerable people continued to receive the vital care they needed. There are many examples across the Department where: staff walked several miles in order to get to someone; slept overnight in the care home to ensure that enough staff were on duty; and got their spouses to collect colleagues who were otherwise unable to get to work. Wightcare, our outreach teams and our commissioning team were all exceptionally busy on the day after the previous evening’s snowfall. Nothing was too much trouble for my colleagues in these teams: they were all very fixed on mitigating the risks being faced by vulnerable people, especially those living on their own. On Sunday 4 March, over 20 staff from ASC attended County Hall to deliver water to care homes and vulnerable people in the community. They paired up with volunteer drivers (who were also superb) and delivered water to over 1100 people, several supported living units and many care homes. My colleagues were a credit to the Department and the Council at large.

3. Ongoing areas for improvement

3.1 Safeguarding: the Department received 168 safeguarding referrals in January 2018 but only 37 resulted in a s42 safeguarding investigation (a 22% conversion rate). This means that safeguarding thresholds are still not operating appropriately. A separate report to this Committee sets out more detail – but a key area for procedural change is how medication errors are responded to. At present, providers report all medication errors to the safeguarding team. The intention is that they are reported to the Medications Management Team in the CCG – who can then, from a clinical perspective, determine the significance of the error, including whether there are any safeguarding issues, and then report these to the safeguarding team for further investigation.

3.2 DoLS: We have now commissioned the OT Practice to undertake the majority of the outstanding DoLS assessment reported to the Committee in January. Steady progress has been made to date – with 77 assessments being completed by the 7 March. This matter is also the subject of a separate report to the Committee.

3.3 In house Learning Disability Care Homes: there are now detailed Service Improvement Plans in place for all of our LD Care Homes. These are being monitored on a monthly basis. At the time of writing, we are still awaiting the draft report and rating of CQC’s full inspection of Seagulls. CQC also inspected Carter Avenue at the end of February – and we expect the draft report and rating in mid to late April. We have needed to implement wholesale changes across our LD care homes including: policies and procedures; practice; leadership and management; and staffing and rotas. Our Registered Managers have worked hard to develop their Service Improvement Plans – but there is much work to implement and complete.

3.4 Quality of professional practice: throughout 2018, we will be developing, and then implementing, our approach to strengths based practice. This is an evidence based way of working that focuses on working with people in a very different way to the traditional “assessment” and “review” standardised practices. Instead of identifying someone’s deficits, and assessing the magnitude of the things they cannot do, strength based practice focusses on strengths and identifying what really matters to the person. I am now working with 12 colleagues who have volunteered from across the Department and we had our inaugural meeting on the 6 March. Over the next four months, we will be working together to review and change our existing care management processes.

4. Conclusions

4.1 Care Close to Home has 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. It has also resulted in some major improvement in performance as set out in section 2 of this report above. Notwithstanding our very positive first ten months of progress, Care Close to Home is a three year turn around programme that will continue to demand an 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.

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An brief overview of the funding crisis in adult social care

Funding for adult social care has always been a matter of political complexity and controversy. The past 19 years have witnessed 13 Green Papers and four royal commissions/public enquiries about how to fund adult social care. A further Green Paper was announced in last year's general election – but it is now understood that no concrete proposals will now be brought forward until the “spring” of 2018.

Despite the ageing of our population and the rising longevity of adults with highly complex disabilities, council funding for adult social care has fallen by 11% on average since 2010. Indeed, 400,000 fewer people received adult social care in 2015 than in 2010 – while organisations such as Age UK have recently estimated that there are 1.2 million older people with unmet social care needs.

The Government committed new funding for adult social care in the 2015 Spending Review and the 2017 March Budget. Specifically, for the three years 2017/18 to 2019/20 inclusive, Government has provided an additional £2 billion funding for adult social care via the Improved Better Care Fund. Locally, this amounts to an additional £6.5M for the Isle of Wight (spread over three years) and we have invested in: early help; digital technology; raising care standards; specialist home care reablement services; and hospital discharge services. Government has also allowed local authorities to raise Council Tax by the equivalent of 6% over three years in order to help fund budget pressures in adult social care – and every 1% of Council Tax increase locally yields approximately £700k.

Research by the Health Foundation estimates that the additional funding enables local authorities to fund adult social care by 2.8% per year above inflation. However, the Health Foundation also estimates that adult social care costs are rising approximately 5.5% per annum (partly due to the national living wage), meaning that there remains, despite the (temporary) additional funding, an ongoing annual funding gap of approximately £2.1bn.

Based upon demographic projections and the current configuration of services, the LSE and Kent University estimate that there will be a 40% increase in the demand for local authority funded residential care between 2010 and 2030 – and a 70% increase for home care.

Fundamentally, therefore, any short term injection of funds must be matched by a longer term, more sustainable solution. Based upon the 2017 manifestos of all three major political parties in England, it is reasonable to assume that the forthcoming Green Paper will contain some sort of cap on care costs as well as a higher means tested threshold.