



Purpose: For Information

Committee report

Committee	POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH
Date	16 JULY 2018
Title	CARE CLOSE TO HOME: QUARTERLY UPDATE REPORT
Report of	CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH

1. EXECUTIVE SUMMARY

- 1.1 This report sets out an assessment of the ongoing progress pertaining to the implementation of Care Close to Home, Adult Social Care's new strategy that was introduced in April 2017. The seven pillars of Care Close to Home comprise three core delivery programmes (promoting wellbeing, improving wellbeing and protecting wellbeing) and four enabling programmes (competent, confident, critical thinking staff; person centred care and support; commissioning for value and impact; and partnerships and integration).
- 1.2 The report reveals that good progress has been made in a number of key areas. This includes: further reductions in the rate of permanent admissions into care homes for people aged over 65; the rate of permanent admissions in care homes for people aged 18-64; the proportion of people being offered reablement following discharge from hospital; delayed transfers of care; and reductions in the numbers of overdue Deprivation of Liberty safeguards assessments (the subject of a separate report to this committee meeting and thus not discussed below). In addition, the Living Well Service, delivered by the voluntary and community sector, has had a very positive impact on helping to manage the demand coming into Adult Social Care and in providing people whose needs are not eligible for support from Adult Social Care (as defined by the Care Act) with assured and bespoke practical help and support. Finally, our most recent quarterly staff pulse survey (March 2018) reveals ongoing positive morale and engagement with the changes being out into place.
- 1.3 Positive progress aside, it is equally important to acknowledge that there are ongoing concerns regarding: the quality of care on the island, including the Council's own

residential care homes for people with learning disabilities; achieving the significant savings target needed from the Department this year whilst continuing to meet people's needs and facing increased demand; and reliance on agency staff in our care management teams because we are unable to recruit people with the necessary skills and experience needed. There are actions plans in place for each of these areas – which are being monitored closely by the Department's Programme Board (and which is now being chaired independently by the Council's Head of Organisational Intelligence in order to provide sufficient check and challenge and assurance to the Council's Corporate Management Team).

2 BACKGROUND

- 2.1 The genesis to the development and introduction of Care Close to Home last year was three fold: people's changing demands and needs; changes in "what good care looks like", including how we work with our partners and what the evidence says about what works; and the acute financial pressures affecting adult social care (both nationally and locally).
- 2.2 This report is being written in the wake of Government's announcement that the publication of its Green Paper on the future funding of social care for the over 65s will be delayed. The explanation from Government is that it makes sense to delay publication and instead consider the proposals for Adult Social Care alongside those to be contained in the NHS Plan as well as to wait the results of the autumn spending review. Such an explanation is important: it serves to reinforce yet again how intertwined and interdependent health and social care are in the eyes of the Government.
- 2.3 It is hoped that the Government's Green Paper will provide clarity about the funding needed to meet short term financial gaps (estimated at £2.5bn per annum by the majority of policy think tanks including the Institute for Fiscal Studies, the Kings Fund and the Health Foundation) – as it is the latest in a long line of Green papers.
- 2.4 Finally by way of background, the £20.5bn funding increase for the NHS (an average of 3.4 per cent per annum after inflation for the next five years), augmented by an additional £1.25bn by government to help meet pressures in the NHS pension scheme and the fully funded 6.5 per cent pay increase for NHS staff, is both necessary and welcome. However, as many national commentators have stated, it does mean that there is growing uncertainty as to whether there will be additional national funding for adult social care in the short term or whether local authorities will be expected to meet these financial pressures within existing resources.

3 AREAS OF KEY PROGRESS

- 3.1 **Permanent admissions into care homes amongst the 65s and older:** as at the end of May 2018, the rate of permanent admissions into care homes for people aged over 65 had reduced further to 579.1 per 100,00 people: 449 people in residential care and a further 107 people in nursing care. The equivalent rate for the year ending 31 March 2017 was 951.9 per 100,000 – meaning that there has been a 39.1 per cent reduction. Our current performance is now in line with 2016/17 national

performance. However, it should be noted that this is NOT accompanied by an equivalent reduction in spend because of the numbers of people already living in residential or nursing care who, during the year, have exhausted their own capital resources and become the financial responsibility of Adult Social Care.

- 3.2 Permanent admissions into care homes amongst people aged 18-64:** as at the end of May 2018, the rate of permanent admissions into care homes for people aged 18-64 had reduced to 22.1 per 100,000 per people. The equivalent rate for the year ending 31 March 2017 was 44.3 per 100,000 people – meaning that there has been a 50 per cent reduction. That said, our rate remains significantly above the national 2016/17 average which was 12.8 per 100,000 people and so securing alternative living options for people with learning disability is a top priority not only for the ongoing implementation of Care Close to Home but also the Local Care Board's 2018 -2021 Commissioning Strategy for people with Learning Disability.
- 3.3 The proportion of people being offered reablement following discharge from hospital:** we have invested Improved Better Care Fund money into expanding our internal reablement offer as a core component of the "improving wellbeing" delivery programme of Care Close to Home. We are pleased that the proportion of people being offered reablement services following hospital discharge has increased to 3.2 – compared to a 2016/17 national average of 2.7. A total of 890 people have gone through Adult Social Care reablement services between 1 June 2017 and end of May 2018. We have recently started to monitor (on a fortnightly basis) the proportion of people who, at the end of their reablement need no ongoing care and support because of the success of the reablement intervention. We will start to report this performance on a quarterly basis.
- 3.4 Delayed transfers of care (DTC):** At the end of May 2018, the rate of delayed transfers of care attributable to Adult Social Care was 2.7 per 100,000 people (and the equivalent figure for health was 2.1 per 100,000). ASC has exceeded our DTC target throughout the year and the Local Government Association is about to publish its examination of our work around reducing DTCs as a national best practice case study. It should be noted however, that NHS England has recently given Adult Social Care a new, much tougher, DTC target to meet from September: 2.6 per 100,000 people (our current target is 4.58 per 100,000 people). This represents a 40 per cent reduction in the DTC numbers that we have to meet and this will be very tough to do: for instance our performance in March 2018 was 3.0 per 100,000 and in April 2018 was 3.2 per 100,000, meaning that we failed our new target during these months. In addition, it should be noted that local authorities were copied into a June letter to all NHS Trusts from the National Director of Urgent Care stressing a new target of reducing the numbers of patients staying in hospital for more than 21 days by an average of 25 per cent by December 2018. The specific target for the IoW is 26 per cent and local authorities are expected to contribute towards this target as well as to ensure that: all referrals to reablement are started within 2 days; new admissions into care homes happen seven days a week up until 5pm; and people returning from hospital to care homes can do so seven days a week up until 8pm.
- 3.5 The Living Well Service:** funded by the Improved Better Care Fund, this service began in November 2017 and comprises several of the main voluntary and

community organisations on the island (e.g. Age UK; Carers IoW; People Matter) who work as a single service in providing a range of help and support to people whose needs do not (yet) meet the eligibility criteria for adult social care. Referrals to the service can come from any source – including self-referrals. Between 15 November 2018 and the end of May 2018, the Living Well Service received 1006 referrals. To date, only 14 people of this total have been re-referred to Adult Social Care. This is a stunning result: people with lower levels needs are being successfully supported in the community and helped to remain independent. The ongoing funding of the Living Well Service will be a key priority in budget discussions for 2019/20 and beyond.

- 3.6 **Staff survey results:** 247 staff took part in the most recent quarterly staff survey (May 2018 and the 6th pulse survey conducted to date). This is the highest number of respondents to date and 106 work in our internal provider services (our care homes and outreach services), which was especially pleasing to see. Key results include: 90 per cent of staff state that they receive the training their need to do their jobs well; 63.2 per cent state that morale is good or very good where they work; 74.4 per cent say that they have access to systems that help them do their work effectively; 67.6 per cent say that they feel recognised and valued; over 89 per cent say that they understand the need for things to be done differently; and less than 20 per cent responded negatively to the questions about the accessibility and visibility of senior managers (defined as their manager's manager and above). Perhaps less positively, only 45.6 per cent say that the quality of their supervision is good. These results were presented and discussed at the last Big Conversation in June and are testament to the positive impact that Care Close to Home has had on our frontline colleagues and managers.

4 ONGOING ISSUES AND AREAS FOR CONCERN

- 4.1 **The quality of care provision on the island** is, aside from the financial pressures, the single biggest issue we face in delivering a high quality and sustainable adult social care offer for the people we serve. At the end of May 2018, 68.5 per cent of the island's residential and nursing care homes were rated as good or outstanding by Care Quality Commission (CQC) – compared with 79 per cent nationally. In terms of domiciliary care, 76 per cent of the island's home care agencies were rated as good or outstanding – compared with 85 per cent nationally. Our improvement work has had three main elements. First we have introduced an evidence based leadership and development programmes for all Registered Managers across the island, provided at no cost to providers and delivered by Mountbatten (itself an outstanding provider). The second cohort of the programme is nearing completion and there are currently 12 cohorts scheduled in total, running into 2019. We have been very deliberate in how we have developed and targeted this programme. It has focussed on providing Registered Managers with skills and tools because the evidence from CQC is unequivocal: if a service is well led, the other key lines of enquiry are also positive. It has been very positive, therefore, that there is now some evidence of improvements to CQC ratings in a number of care homes where CQC has inspected after the Registered Managers completed the programme. Feedback from participants and their employers has been very positive and we will be working with the Care Partnership to develop a similar programme for deputy managers and

other senior staff in the different care homes and domiciliary care agencies. Second, we have developed a new quality framework for providers that will deliver better intelligence about the quality of provision so that we might spot emerging issues and target our intervention in a more proactive fashion. The development of our new quality framework has been developed by the integrated Quality Assurance team based in the Clinical Commissioning Group (CCG) with key engagement by different providers under the umbrella of the Care Partnership (which we helped establish last year). Very importantly, we have funded Healthwatch to recruit “experts by experience” who now join the Quality Assurance team when they audit a service and undertake their own assessment of quality. Finally, the commissioning team intervenes very directly when any key issues emerge that threaten the safety and wellbeing of the people using services. Detailed action planning meetings are held with the relevant Registered Managers and/or proprietors and we will suspend new placements when we are concerned that the necessary progress is not being made. Equally, the commissioning team works hard to engage positively with the independent sector – which of course contains significant expertise and experience of delivering good care. The secondment from the sector into the commissioning unit comes to an end at the beginning of December. This has been a successful (and to our best knowledge nationally unique) development which has helped develop a better understanding of the mutual and differing issues we face – and how best to tackle them in the spirit of support as well as challenge.

- 4.2 **Adult Social Care care homes for people with learning disabilities:** over the past nine months, CQC has inspected five of our internal care homes (Overbrook, Seagulls, Carter Avenue, Venner Avenue and Plene Dene) and we expect inspections at the Laurels, Saxonbury, and Westminster House at any time. It is fair to say that the “inadequate” judgement at Overbrook evoked a major response from the department: increased senior management capacity; more staff; more training; more rigorous challenge of our landlord to rectify property shortcomings; and improved monitoring systems. It is the latter that has revealed the depth and breadth of issues we face in our own care homes – each one of which has a very detailed service improvement plan monitored by the new group manager and service manager on a constant basis, with progress against each of the actions presented at three monthly meetings with the Director as well as reported to the monthly Service Board meetings. We are making progress with the last published inspection (Venner Avenue) being rated as “good” in three of the five key lines of enquiry. But the progress we are making is not fast enough – and I am not yet convinced that the lessons from one inspection are being systematically applied across all of our care homes. What is clear is that the Registered Managers, and increasingly the frontline staff, of our own care homes are beginning to develop and respond positively to the clear and confident leadership exerted by the incoming Service Manager and Group Manager who bring with them experience of successful turnaround from elsewhere.
- 4.3 **Achieving the level of savings needed in 2018/19:** a total of £3,766,700 saving is required of Adult Social Care in 2018/19. This year’s savings is in addition to the £3.4M savings secured in 2017/18 – meaning that any relatively “easy wins” have already been identified and taken. As at the end of May 2018 (month two), we had achieved £1,066,464 savings. This is a significant sum but still £88,998 less than the profiled target. It is important to remind Committee members that no one’s package

of care can be reduced without a review taking place which establishes that a person's needs can still be met in accordance with Care Act requirements differently, more cheaply or via a reduction in care and support. But it is only right and proper to state very clearly that securing the levels of savings needed demand taking decisions that will affect existing and potential service users. In addition, July sees the introduction of the higher charges for those people in receipt of the higher levels of attendance allowance and other disability related welfare benefits. We have sent out three letters to date to people informing them of the increased charges that will be levied on them, together with the offer of another financial assessment that takes into consideration any disability related expenditure that has started since their last financial assessment or that they think has not been taken into account. At the time of writing this report, Adult Social Care has not received any applications to the £100K hardship fund.

- 4.4 **Reliance on agency staff, especially in our care management teams because we are unable to recruit people with the necessary skills and experience needed:** since January, we have had as many as 22 agency social workers in the department covering vacancies as well as being above complement because of the urgent need to secure savings. There have been some posts, for instance Approved Mental Health Practitioners, where we have undertaken multiple recruitment rounds to no avail in attracting people with the right qualifications, skills and experience. As a very small department, we do not offer the sort of career progression that many people will seek. Moreover, the cost of daily travel onto the island is prohibitive for many other than those in (senior) management positions. There are also discrepancies within the council. For instance, since the Ofsted inspection in 2014 and in order to recruit and retain staff, children's services have paid a market supplement to social workers and social work managers. This means that a mere £300 per annum separates the salary of a team manager in adult social care from a mainstream social worker in children's services. So, with the support of our Human Resources Business Partner, we are embarking upon a wholesale programme of work to drastically improve our ability to recruit and retain staff. This will include a variety of "grow our own" staff and the possible introduction of support with travel. The key is to ensure that we differentiate our offer – and ensure that our staff can be sure that they are not sacrificing their career trajectories by moving to the island. We will be submitting a bid to the Transformation Fund to support our efforts in this area – but there are likely to be no quick fixes. Equally, we need to ensure that we work with the Local Care Board's workforce group in developing a comprehensive workforce strategy for all of the island's health and care staff – as we know that the Trust, primary care and the independent sector are all struggling in the same way as Adult Social Care in recruiting and retaining the very best health and care professionals out there.

5 CONCLUSIONS


- 5.1 One year in, Care Close to Home has made a positive impact on improving outcomes whilst simultaneously saving money. The acute funding pressures affecting Adult Social Care on the island mirror those experienced nationally and an urgent, clear and cogent response from government is hoped for in the forthcoming Green Paper. There can be no room for complacency nor damping down of our

ambition to become an exemplar area for Adult Social Care as our residents have the right to expect the very best care and support within the resources available. This report, therefore, also highlights some of the issues we face in becoming so and sets out how we are seeking to overcome them.

6 RECOMMENDATION

6.1 To note the report and provide any challenge to the actions currently underway.

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