

## Isle of Wight Health and Wellbeing Board – Quarterly Update Report

<b>Service:</b>	Adult Social Care
<b>Lead officer:</b>	Dr Carol Tozer
<b>Completed by:</b>	Dr Carol Tozer
<b>Reporting period:</b>	April 2018 to end of June 2018 (data to end of May 2018)

### Key activities in the previous quarter

- The OT contract has been let:** to NRS Healthcare Ltd and the commencement date is 1 August 2018. The IoW NHS Trust are providing the necessary TUPE information for the staff being transferred. The new providers are committed to removing the current 30 week waiting list for Disability Facilities Grants assessments and to improving the speed of OT input into Blue Badge applications. Equally, they will be linking in with the Integrated Equipment Store to ensure that people can access timely OT assessments for support in living at home with the right equipment.
- Alliance approach to community services redesign:** we have been working with the Institute of Public Care, Oxford Brookes University, to develop a new way of working across commissioners (in health and care) and providers (of health and care, including the independent and VCS sectors) to enable a focus on the respective contributions being made to achieving the outcomes and targets set out by the Local Care Board.
- Adult Safeguarding Thresholds and Decision Making Tool:** ASC receives high numbers of safeguarding alerts, and only 22% on average every month meet the threshold for undertaking a formal s42 safeguarding investigation. The equivalent national conversion rate is 41%. So, under the auspices of the Safeguarding Adults Board, **a new decision** making tool has been designed to support professionals directing their concerns to the right place: be that safeguarding, infection control, medicines management or falls. The tool has been co created with professionals and training sessions are being delivered over the summer months.
- PA Hub:** we now have 100 people who have registered on the ASC Personal Assistant Hub and are available for employment by people in receipt of direct payments and personal budgets (including Personal Health Budgets). PAs must provide evidence of their DBS clearance, qualifications, insurance and references before they can register on the Hub. The Hub allows PAs to advertise their availability and people in receipt of direct payments or a personal budget to advertise for the sort of PA they seek. In this way we are supporting people who want to employ a PA to have a greater degree of confidence in the quality of people potentially available to them.
- Shared Lives:** CQC have now registered this new service – and approved the Registered Manager. The first Panel met at the end of June and approved the first Shared Lives Carers. The focus now is on matching those carers with people who could benefit from living their lives in a Shared Lives household.

## Key activities for the next quarter

1. **Implementation of changes in charging** for people in receipt of highest rates for disability related benefits (AA, DLA and PIP): the new charging system begins in July. Between February and June, ASC has sent three letters to everyone affected specifying the increased amount they will be liable to pay and providing advice about what they should do in terms of seeking reassessment or access to the £1900K Hardship Fund.
2. **Ongoing improvement in ASC LD Care Homes:** there is strong grip on the individual service improvement plans for all of the department's LD care homes with every area of the homes' policy, procedures and practices being reviewed on a monthly basis. There is a lag between the improvement work under way and CQC inspection ratings – but we are optimistic that momentum has now been established and we are seeing the improvements needed in many of the areas.
3. **Implementation of the new Quality Assurance Framework for ASC Providers:** all providers must now submit a detailed self assessment of the quality of their provision and this is supplemented by a more comprehensive quality assurance audit programme as well as direct support, challenge and intervention by the commissioning team for individual providers causing concern.
4. **Implementation of the mental health social work team action plan:** the independent review of the ASC MH team revealed the need for a significant transformation plan. The action plan has been co-designed with the team and informed by the views of those people served.
5. **Continuing to secure the necessary level of savings:** whilst the department has secured savings of just over £1M already in the current financial year, because of the scale required, it is £80K behind schedule (end of May 2018). We are currently reviewing the use of agency social workers (the numbers of whom have grown considerably because of our inability to recruit. Accordingly, we are working closely with HR and finance colleagues to develop proposals to improve recruitment.
6. **Delayed transfers of care:** NHSE has set ASC (and health) new targets for performance improvement around delayed transfers of care which are operational from September. The new targets are: ASC - from 4.58 per 100K people currently to 2.6 per 100K people (a 40% improvement); and Heath – from 2.29 per 100k people to 3.7 per 100k people (a 61.6% deterioration). For adult social care, this means that no more than 3 people can experience a delayed transfer of care at any one time. ASC has exceeded its new target for the past three weeks – but detailed planning is needed.
7. **Winter planning:** NHSE has introduced new targets to reduce the numbers of long stay (over 21 days) patients by 26% on the IoW by December 2018. A letter copied to LAs on the 13 June notified us that NHSE expects to see: new admissions into care homes from hospital happen 7 days a week up until 5pm; return admissions to care homes from hospital happen 7 days a week; and all rehabilitation and reablement to start within 2 days of referral.

## Key risks & significant Issues that may impact on the delivery of services

Pressure on 18/19 ASC Budget and inability to deliver balance at year end due to the scale of transformation required.

Reliance on agency social work staff – because of an inability to recruit.

Quality of ASC LD care homes: whilst we know that our service improvement plans are being driven forward at pace, we know that our ability to shape the independent provider market has been negatively affected by our own RI ratings.

Backlog of Deprivation of Liberty Standards (DoLS) assessments – progress has been made in reducing the backlog, but we need to identify the resources necessary for next year and beyond in maintaining low numbers of outstanding DoLS.

Continuing Health Care: CCG has a savings target to achieve in its current spend on CHC and we need to ensure that more integrated processes across CCG and ASC deliver improved and consistent decision making

IWC does not move toward integration of community service provision and commissioning: the Community Service Redesign initiative of the Local Care Board is finally beginning to secure scale and pace and this now needs to be matched by the development of detailed proposals (including costs and benefits realisation) for place based commissioning.

There are currently a large number of providers of concern that our integrated commissioning and quality teams are working with to support and help improve. Whilst it is positive to note that the second cohort of Registered Managers of the Quality Improvement initiative are about to complete the programme delivered by the EMH, we have a long way to go before our inspection ratings match national averages (nursing care, residential care and domiciliary care) .

## Decisions, support & discussions required by the Health and Wellbeing Board

### 1. To note the end of year performance achieved by ASC as set out below.

**End of 17/18 year key performance outcomes include:** no overspend in ASC for 17/18– meaning that the Department also secured all of the £3.4M savings required; 31% reduction in the rate of permanent admissions into care homes for people aged 65 and older; 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 (and a total of 890 people have gone through ASC reablement services between 1 June 2017 and end of May 2018); the rate of delayed transfers of care attributable to ASC was 2.7 per 100,000 people at the end of May 2018 (and the equivalent figure for health was 2.1 per 100,000); and between 15 November 2018 and the end of May 2018, the Living Well Service received 1006 referrals – of whom only 14 people have been re-referred to adult social care.