



Committee report

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	13 JANUARY 2020
Title	UPDATE REPORT ON BUDGET AND PERFORMANCE: ADULT SOCIAL CARE AND HOUSING NEEDS
Report of	DIRECTOR OF ADULT SOCIAL CARE

1. SUMMARY

2. This report provides an update about the key issues facing Adult Social Care and its performance as of November 2019.
3. The Department continues to face significant budget pressures and, as of November 2019, is predicting a £736k overspend for 2019/20. This pressure is currently experienced entirely in the adult social care (ASC) side of the Department: the housing needs service is predicting no overspend for the current financial year. It should be recalled that ASC met its savings targets for 2017/18 and 2018/19 – a total of £6.2M – and delivered a balanced outturn for both financial years. ASC has a 2019/20 savings target of £2.8M. It has delivered £1.7m savings as at the end of November 2019. However, it is fair to say that it is proving increasingly difficult to achieve the levels of savings needed in this financial year. Primarily, this relates to financial responsibilities over which we have no control including the financial impact of people already living in residential/nursing care homes becoming the funding responsibility of the Council (i.e., people who have exhausted their own financial resources since living in residential/nursing care homes) as well as some very expensive packages of care previously funded by the NHS via Continuing Health Care becoming the funding responsibility of ASC.
4. More positively, ASC performance across many of the key Care Close to Home priorities remains high especially in areas such as: rates of permanent entry to residential care; timeliness of safeguarding; and access to reablement. In addition, user satisfaction with ASC is above national average levels. ASC performance in meeting its delayed transfers of care target (DTC) is of particular priority at the moment, especially as the NHS (locally, regionally and nationally) is experiencing significant pressure in meeting key targets in accident and delivery departments and referral to treatment times. ASC has been allocated £766,414 winter pressures funding to support hospital discharge and its DTC performance in December was very positive: 2.94 per 100k population (106 days).

5. We are especially delighted with the performance of the housing needs service. As of the 23 December 2019, NO families have been living in bed and breakfast accommodation.
6. BACKGROUND
7. BUDGET PRESSURES IN ASC
8. Since 2010, adult social care departments across England have been required to deliver £7.7Bn of savings (£700M of which is during the current 2019/20 financial year). There is unanimity that funding for adult social care is at its tipping point: increasing numbers of people are unable to access social care and care providers are increasingly close to collapse. For instance, the 2019 autumn ADASS survey of Directors of adult social care across England reveals that 94% of Directors have little or no confidence that they will be able to meet their statutory responsibilities for care market sustainability by the end of 2020/2021; Age UK estimates that there are 1.6m elderly people living with unmet care needs; and the Heath Foundation estimates that an increase of £12.2Bn is required to restore access to adult social care to 2010/2011 levels and to stabilise the social care workforce and market.
9. Very helpfully in the 2019 Spending Round, government announced an additional £1Bn for adult social care for next year (2020/2021). Of this, £500M is money that could be raised by councils increasing their adult social care precept, and the other £500M derives from a £1Bn grant that must be split between children and adult services. As welcome as this additional funding is, it is short term – and there is an urgent need for the government to publish the much delayed (over two years) Green Paper on the future funding of adult social care in order to provide a medium and long-term settlement and sustainable funding model. The new government has announced its intention to develop a cross party approach to this vexed issue – although no details or timetable have to date been announced.
10. With this most challenging context in mind, the department must deliver £2,810,257 savings in the current 2019/20 financial year. Our approach to the delivery of our savings has been through three means:
 - a. How we can reduce costs – without impacting negatively on the outcomes for those we serve. This approach includes undertaking more frequent reviews so that we can respond quickly when someone’s needs have reduced because their reablement has been successful and how we can modify packages of care using cheaper forms of support and the use of technology.
 - b. How we can increase revenue – this approach includes venturing into new markets for adult social care (e.g. our proposals for allowing private funders to purchase our equipment)
 - c. Transformation of our service model – so that we reduce demand for “traditional” social care such as home care and residential care, primarily by investing in early help and wider community supports for people, maximising the use of technology and making some tough decisions about decommissioning services.
11. Up to the end of November 2019, adult social care has saved £1,703,504 through a combination of the approaches highlighted above. This is £546k behind profile. We

are doing everything possible to deliver the savings needed and reduce the projected overspend – as we take very seriously our responsibility to ensure that the council achieves an end of year balance. There is a detailed financial monitoring system in place, and we convene weekly management meetings to identify the savings delivered in the previous seven days as well as where we will focus on the next seven days. Equally, since the middle of November, approval is required at AD level for all new packages of care and additions to existing packages of care, except for those people being discharged from hospital.

12. Our main areas of budget pressures are in nursing care (a projected overspend of £122k), home support (a projected overspend of £303k) and spend on agency staffing resulting from a combination of vacancies (to which we cannot recruit) and having to backfill staff who are on long term sickness in our CQC registered services and some care management positions (we spent £45,229 on agency staff in November 2019).
13. Some of the budget pressures we face in ASC arise from issues over which we have no control. For instance, during October 2019, 17 people already living in residential care had exhausted their own financial assets and became the funding responsibility of the council in accordance with national regulations – at a full year cost of £170,451. Indeed, during the current financial year up to the end of October 2019, 52 people have become the funding responsibility of the department in this way, at a full year cost of £612,296. By way of contrast, during the whole of 2018/19 the council incurred £890,466 costs for people already living in residential or nursing care and who had exhausted their own capital. Consequently, with five months still to go in the current financial year, we anticipate that people finding themselves in this position will account for an annual £1m budget pressure to the department. To make clear, these are elderly people already living in residential or nursing care. They have already sold their home and used their savings to fund their care – and have only the nationally mandated minimum remaining for themselves and their estate.
14. PERFORMANCE UPDATE IN ASC
15. At the end of November, ASC was serving 3159 people. During November, 126 needs assessments were completed (the monthly average is 150) and 186 reviews were undertaken. It is especially positive to see that the numbers of reviews overdue by 3 months has remained relatively constant over the last 12 months – although our target is 85 and thus at 101 we are missing that. This is because in August we completely restructured our care management team and large numbers of cases have needed to be transferred into the new teams.
16. The Finance and Charging Team continues to operate very effectively – undertaking 171 means tested assessments in November, completing them within 5.2 days on average (the best performance in 18 months).
17. The department received 292 safeguarding alerts in November 2019 – and 68% of these resulted in a formal safeguarding referral. Performance remains high with regards to timeliness and 91.5% of safeguarding meetings took place within 7 working days – although we are looking into why the completions rates of safeguarding investigations has reduced.
18. ASC DTOC performance in November 2019 was 6.1 per 100k: we missed our DTOC target. To put this into perspective, in November 2019, ASC was responsible for a

total of 213 delayed bed days in the month. There are 220 surgical and medical beds in our hospital – representing 6,600 total available bed days (as there are 30 days in November). This means that ASC “blocked” 3.2% of all medical and surgical beds in the month.

19. Also during November 2019, health DTOC performance was 7.4 per 100k (a total 260 bed days) – against its target of 3.3 per 100k. In addition, we experienced a further 2.3 per 100k DTOC (79 bed days) jointly attributable to health and ASC: these are people in hospital who are being assessed for eligibility for continuing health care funding from the NHS – and they are now jointly attributable (as opposed to being wholly attributable to the NHS as was the case previously) because ASC now administers the CHC processes on behalf of the IoW CCG.
20. In total, therefore, DTOC performance in November was 15.8 per 100k – against a system target of 5.9 per 100k. This means that the hospital lost a total of 552 bed days, or 8.3% of the total bed days available. Each and every hospital bed is a vital asset for the community we serve and so we continue to place high scrutiny on the activities of all partners engaged in supporting effective patient flow. Equally, we need to ensure not only that people are discharged quickly, but that they are discharged well, and receive the right support when they leave hospital. In particular, ASC is experiencing high levels of temporary residential and nursing home placements for people leaving hospital – because whilst someone is medically fit for discharge, they remain very “poorly” and need 24/7 care and support. There were 74 people in short term residential placements at the end of November – all having come from hospital. We are working with our colleagues in the IoW CCG to address the level of “step down” provision available to use from hospital, and this will include re-registering the Adelaide and the Gouldings as nursing homes, with the nurses who will work there being employed by the local NHS.
21. It remains vital that ASC plays its full role in supporting patient flow – and that the council and health colleagues are satisfied that this is the case. Accordingly, we have invited the Care and Health Improvement Programme to undertake an independent review of ASC systems, processes and commissioning to deliver effective discharge of hospital for those people it is responsible for. This independent review will take place in February 2020 and, for purposes of transparency, we will invite the Chair of the HASC Overview and Scrutiny Committee to attend the feedback session (together with anyone he wishes to invite from his Committee).
22. The rates of permanent admissions into residential care remain very positive: 503.89 per 100k people aged over 65 (against a national average of 579.4).
23. 141 people were in receipt of outreach reablement services from ASC at the end of November 2019 – that is to say, they were receiving their reablement support in their own homes. Reablement is free to the user for up to 6 weeks (it is the only ASC service that is not means tested). Of all people using reablement upon their discharge from hospital, 75% remained at home 91 days post their discharge.
24. PERFORMANCE UPDATE ACROSS HOUSING NEEDS.
25. As stated above, we have made particular progress across our housing needs division. Since December 2018, we have reduced the numbers of rough sleepers by 54% and reduced the numbers of families living in temporary accommodation by 13%

(as at the end of November there were 173 families living in temporary accommodation, 18 fewer than the same time in 2018). Equally, again as at the end of November 2019, 37% more households have been prevented from becoming homeless compared to the same time in 2018 (representing 62 more households).

26. The emergency winter shelter opened in November 2019, providing up to 25 emergency beds.
27. Less positively, however, it should be noted that as at the end of November 2019, there were 2673 people registered on Island Homefinder – a 20% increase from November 2018. This increase is a key litmus of the extent of unmet housing need that exists across the island: 1537 people are in bands 2 and 3 and thus are currently experiencing issues such as severe overcrowding, medical issues or insecure tenancies. So whilst it is accurate to say that the housing needs service has worked very effectively in the past year and delivered impressive results, far too many people live in unsuitable accommodation. There remains an acute shortage of affordable, high quality, family sized accommodation.

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