

## Adult Services and Health Select Committee Overview Meeting 2016

18<sup>th</sup> October 2016

### Report from Assistant Director

#### Adult Services

#### 1. Context

- 1.1. Members are well aware that as a Council we have had to adapt to funding reductions of £52 million over the last five years and that we are still confronted with having to find further savings. In relation to adult services this has meant delivering efficiencies and savings through Efficiency, Improvement and Transformation reviews and the Adult Board work programme.
- 1.2. Whilst we acknowledge that we have a strong track record of sound financial management and we have been dealing with these problems successfully for many years, it will not be easy to address the additional loss of government funding of over £20 million by 2019/20. Moving forward, expectations will need to be realistic as many more difficult decisions will need to be made.
- 1.3. It is both acknowledged and accepted that we cannot continue to do all the things we currently do and that we won't be able to work in the same way. For Adult services this may mean the requirement to make further savings across care management and service provision.
- 1.4. The challenge for all Members is to ensure that decisions about the basis on which services will be delivered are within the resources available, taking account of a number of factors such as reduced budget allocation, changing demographics, increasing demand, new national legislation and policy direction. Members are reminded of the four policy principles that support our decision-making:
  - **Protecting the vulnerable through targeted intervention**, particularly those people in our communities who are subject to, or at risk of harm, people who are homeless or at risk of becoming homeless and those who are financially excluded or whose circumstances make them vulnerable.
  - **Promoting equality of opportunity through targeted intervention**, specifically in relation to tackling health inequalities, meeting the skills gap and improving access to job opportunities, tackling fuel poverty, improving education and training opportunities, access to affordable housing and financial and digital inclusion.
  - **Developing strong and healthy communities** through the provision of mainstream and preventive services that are available to all those who choose to access them.
  - **Creating economic prosperity** across the Borough
- 1.5. It is within this context that the select committee is invited to undertake their overview duties.

## **2. Legislative framework**

- 2.1. The legal duty to undertake an assessment is now contained in the Care Act 2014, implemented on 1.4.15, which saw the consolidation of a number of previous pieces of legislation including : the NHS and Community Care Act 1990, the Chronically Sick and Disabled Persons Act 1970 and the Disabled Persons (Services, Consultation and Representation) Act 1986. Once an assessed need is identified we have a duty to meet that need.
- 2.2. The Mental Capacity Act 2005 provides the legal basis and framework for safeguarding and protecting adults at risk of abuse and neglect across commissioned and in-house Stockton-on-Tees Borough Council (SBC) services and incorporates the important issue of Deprivation of Liberty Safeguards.
- 2.3. The local authority has a statutory duty to provide the role and function of Approved Mental Health Practitioners (Mental Health Act 1983).
- 2.4. The Children and Families Act 2014 includes provisions relating to Special Educational Needs Reform and transition from Children's to Adult services.

## **3. What has been achieved?**

- 3.1. Effective resource management: Again, Adult Services delivered within budget in the 2015-16 financial year.
- 3.2. Continued implementation of the Care Act 2014 Social Care reforms, including a programme of workforce development, delivering assessment and support planning, adhering to national eligibility criteria, promoting prevention and meeting new responsibilities for prisoners and with eligible needs. New entitlements for carers are addressed through carrying out carers' assessments and providing support through personal budgets. The planned funding reforms anticipated for 2016 are now on hold until 2020.
- 3.3. Continued delivery of Tees-wide Adult Safeguarding arrangements.  
(NB: the 2015-16 Annual Report of the Tees-wide Safeguarding Adults Board will be presented to the 10 January 2017 meeting of this Committee).
- 3.4. Continued to implement the work programme to address Mental Capacity Act Deprivation of Liberty Safeguards requirements and to undertake improvement work to inform substantive funding requirements from April 2017.
- 3.5. Continued to develop services for people with a learning disability or autism, in line with Transforming Care; a business case is being developed for improved in-Borough services for Adults with Autism.
- 3.6. Supported the completion of a Scrutiny Review of Access to Services for people with a learning disability or autism.

- 3.7. Continued development and implementation of a Quality Standards Framework across home care and care home services, supporting improved quality through more robust monitoring of standards.
- 3.8. Continued to develop and analyse use of the Stockton Information Directory for Adults, which can be found at: [For Adults | Stockton Information Directory](#)
- 3.9. Continued to work closely with the 0-25 team to address the related programme of work, including the support of young people making the transition to adult services.
- 3.10. Continued to provide advice and support through the LiveWell Dementia Hub at the Halcyon Centre.
- 3.11. Draft Travel Support Policy for Adult Service Users and Carers developed, reported to Cabinet and subject to 12 week public consultation.
- 3.12. Completed a consultation on client charging.
- 3.13. Support of the development of a new model for home care in the Voluntary, Community and Social Enterprise sector.
- 3.14. Appointment of a Principal Social Worker.
- 3.15. Effective programme management of key projects via the Adult Programme Board, including:
  - Completed implementation of key Efficiency, Improvement and Transformation (EIT) Reviews including:
    - commissioning of Adult Carers' support service
    - improved services provided by SBC / TEWV integrated mental health and learning disability community support teams
    - implemented Service Level Agreements for in-house services.
    - Review and implementation of changes to First Contact Adults
    - Review and implementation of changes to Reablement services
  - Continued involvement in the Integrated Personal Commissioning pilot, led by the CCG (Clinical Commissioning Group).
- 3.16. Better Care Fund Plan 2016/17: The plan has been fully approved by NHS England and is being implemented. The main strands are:
  - Multi Disciplinary Service (MDS): The Well-being Team is now permanent. The next stage is to look at the wider MDS to see which teams, if any, should be merged/co-located (NB: MDS won APSE award for best Health and Wellbeing initiative 2015/16).
  - Dementia Strand: this is going well with a number of initiatives aimed at creating community capacity and sustainability. The main themes are: increasing awareness of dementia; support for carers; building local support.
  - Digital Health: some pilots are underway with varying levels of success. At the moment we are building the business case for Telecare to be free for those who

would benefit most, in terms of preventing and delaying the need for care and support.

- ICT Integration: the Medical Interoperability Gateway (MIG) is now live for Primary Care. The next stage is to give access to the MIG to social care. The main aim is to have an integrated urgent care record which includes health and social care data.
- Delayed Transfers of Care: this is a new project to BCF and will bring in a new 'best practice' model, which is the Discharge to Assess model, incorporating Trusted Assessor. This is supported by membership of the Accident and Emergency Improvement Board across health and Social care.
- Integrated Single Point of Access: this is also a new project, which will be led by North Tees and Hartlepool NHS Foundation Trust (NTHFT). The purpose of the project is to see if there is a business case for combining the triage at the contact stage of the health and social care process to ensure people get access to the right services. We already have triage in Adult Social Care and from 1st August there was triage capability in the health Single Point of Access.
- Embedded the culture of recovery for adults with mental health issues: for example, the Good Mood Food Café was developed, alongside Skills for Life, operating from Billingham Community Centre, based on a Recovery model concept. The café provides a drop-in facility for the general public and also offers the opportunity to engage within the adult learning environment e.g. art therapy, relaxation or managing anxiety/depression. This is part of a national project and will be evaluated.
- Following the Mental Health EIT review, continued to work with carers and service users in service improvement and consultation events.

#### **4. External reviews**

- 4.1. A Peer Review of personalisation was completed in December 2015.
- 4.2. Adult services contributed to a Care Quality Commission Thematic Review of the Integrated Care of Older People in November and December 2015. The Review report can be found at Appendix 2.

#### **5. Challenges**

- 5.1. Better Care Fund (BCF): delivering performance requirements; embedding new services (see above).
- 5.2. Development of an Adults and Health Strategy to set out our strategic priorities
- 5.3. Managing and implementing projects to deliver efficiencies and transformation of adult services. Significant savings have been secured to date; however, it will be a challenge to deliver further efficiencies given the demographics of the Borough and the projected increase in demand and activity.
- 5.4. Ensuring quality of provision and sustainability of the market across home care and care homes.
- 5.5. Working with providers and the Clinical Commissioning Group to link care home fees to quality-related bandings.

- 5.6. Ensuring sufficient Nursing Care provision within the area, across client groups.
- 5.7. Further integration of NHS and LA services and the potential for pooling of increased SBC budget, depending upon the success or perceived benefits of the BCF initiative.
- 5.8. Following the Scrutiny Review of Home Care services, planning for re-procurement of the service from 2016.
- 5.9. Meeting the needs of learning disability clients placed in provision commissioned by NHS England, following the national review of abuse at Winterbourne View independent hospital.
- 5.10. Meeting the operational requirements of the Deprivation of Liberty Safeguards and planning for the possible changes following the national consultation and recommendations.
- 5.11. Implementation of improved ICT:
  - upgrade to Care Director 4 (social care case management system)
  - development of mobile working solutions
  - joint ICT solution with NHS for integrated services.

## **6. Emerging Issues**

- 6.1. Demands of demographic change and the impact on budgets.
- 6.2. National policy towards greater integration of Adult Social Care and Health services.

## **7. Possible Areas for In Depth Review** (This should be in line with Council policy priorities)

- 7.1. The care management review currently in progress will report into this Committee at the appropriate time (to be determined).
- 7.2. Areas for in-depth reviews will be proposed if they arise from reviews already in progress.

## **Appendices**

Appendix 1 - 2015-16 Council Plan Performance – Adult Services Theme

Appendix 2 - CQC Thematic Review of the Integrated Care of Older People – Final Report

Appendix 3 – Local Account for 2015-16 (to be included in Stockton News) - to follow

## Appendix 1

### 2015-16 Council Plan Performance – Adult Services Theme

The following performance indicators represent a selection of generally accepted measures of performance to provide a strategic, 'at-a-glance' indication of how we are generally performing across this theme.

Performance indicator	Comments
Overall satisfaction of carers with social care services	49.8% of respondents were either extremely or very satisfied.
Overall satisfaction of people who use services with their care and support	67% of respondents were either extremely or very satisfied.
Proportion of service users who have control over their daily life	75.3% of respondents answered positively.
Proportion of service users who say that those services have made them feel safe and secure	91.3% of respondents answered positively.
Local safeguarding measure - proportion of clients agreeing with the outcome of their referral	100% of respondents agreed with the outcome of their referral investigation.
Safeguarding referrals - proportion of referrals for which, following investigation, the allegations were agreed as fully or partially substantiated	Of the 127 completed adult safeguarding referrals there were 68 (53.5%) which had an outcome of substantiated/partly substantiated.
The proportion of Self Directed Support service users who convert their personal budget to a direct payment to manage their own care	32.1% converted their Personal Budget to a direct payment.
Proportion of people still at home 91 days after discharge from hospital into reablement provision	Of the 146 discharges into the reablement service there were 127 (87.0%) which when reviewed 91 days later were still at home.
Rate of permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population	There were a total of 262 permanent admissions to residential/nursing care for clients aged 65 and over. This equates to a rate of 789.3 per 100k population over 65 yrs old.
Rate of delayed transfers of care from hospital attributable to social care per 100,000 population (aged 18 and over)	Provisional figures for the year show that there were no delayed transfers from hospital attributable to social care.

