

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
26 MARCH 2012	Public Report

Report of the Executive Director of Adult Social Care

Contact Officer(s) – Terry Rich, Executive Director Adult Social Care

Contact Details -

ADULT SOCIAL CARE OVERVIEW

1. PURPOSE

- 1.1 This report provides an overview of the City Council's new Adult Social Care department, its functions and priorities.

2. RECOMMENDATIONS

- 2.1 The Scrutiny Commission note and comment upon the contents of this report and consider how it intends to include scrutiny of adult social care in its future work programme.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 Adult Social Care links in with a number of the Single Delivery Plan priorities/outcomes including

- Creating Opportunities – tackling inequalities
- Creating strong and supportive communities

There are a number of local and National Indicators that relate to Adult Social Care. These are referred to within the body of this report.

4. BACKGROUND

- 4.1 Adult Social Care had until 1 March 2012 been delivered on the City Council's behalf under a Partnership Agreement with NHS Peterborough. This Partnership Agreement included all aspects of adult social care commissioning and service delivery. Subsequently the delivery side of the functions were transferred by Peterborough PCT to Peterborough Community Services – the local NHS provider arm. The Director of Adult Social Care was a joint appointment between the PCT and the City Council.

- 4.2 A number of factors led to the City Council and NHS Peterborough concluding that the partnership should come to an end. These included the proposed abolition of PCTs as set out in the Health & Social Care bill currently in its final parliamentary stages, the merging of Peterborough Community Services with Cambridgeshire Community Services and a range of operational, performance and financial issues.

- 4.3 Whilst the ending of the Partnership Agreement marked a return of the formal managerial responsibility for statutory adult social care functions returning to the City Council, it has not meant an end to partnership working. The strengths and benefits achieved through the former partnership agreement including multidisciplinary teams and co-location of health and social care staff continues, wherever they can be demonstrated to be delivering benefits. Similarly a number of areas of joint commissioning activity have been maintained to ensure that health and social care investment is aligned to best meet the needs of Peterborough residents.

- 4.4 Transferring the services back to the City Council has been a complex process involving the need for detailed project planning and implementation. Since January 2012 this work has been

led by Terry Rich, interim Executive Director for Adult Social Care who will be with the City Council throughout 2012 during the maternity leave of Denise Radley.

5. KEY ISSUES

5.1 The Adult Social Care Department now that it has returned into the Council represents close to a third of the total Council direct workforce and is responsible for approximately a third of the overall revenue budget spend. Some 490 staff transferred under TUPE arrangements to the council on the 1st March. A further 20 adult social care staff remain seconded to the Cambridgeshire and Peterborough (Mental Health) Foundation Trust where they work within an integrated model of service delivery.

5.2 The Department has established three key priorities during its first year of operation:

- To promote and support people to maintain their independence
 - This includes developing and extending access to “reablement” services and other ways to reduce the reliance on long term care
- To deliver a personalised approach to care
 - This includes giving people more choice and control over how their care is delivered and extending the use of “direct payments”
- To empower people to engage with their communities and have a fulfilled lives
 - This includes brokering access to mainstream community resources and reducing the need for separate institutional provision. It also includes promoting work opportunities for people with learning disabilities or recovering from mental ill health.

5.3 Adult Social Care refers to services that are provided help to individuals who due to disability or frailty (either permanent or temporary), need support with their activities of daily living.

5.4 Following an assessment of individual needs, usually undertaken with a social worker or care manager the following are examples of social care services that may be provided or commissioned:

- Domiciliary care (formerly known as home care)
- Day care (older people and LD in the main)
- Support to carers
- Respite care (short term breaks)
- Rehabilitative services (e.g. Reablement)
- Occupational Therapy (including physical aids and equipment)
- Supported living schemes including extra care housing
- Adult placement scheme
- Residential and Nursing home care

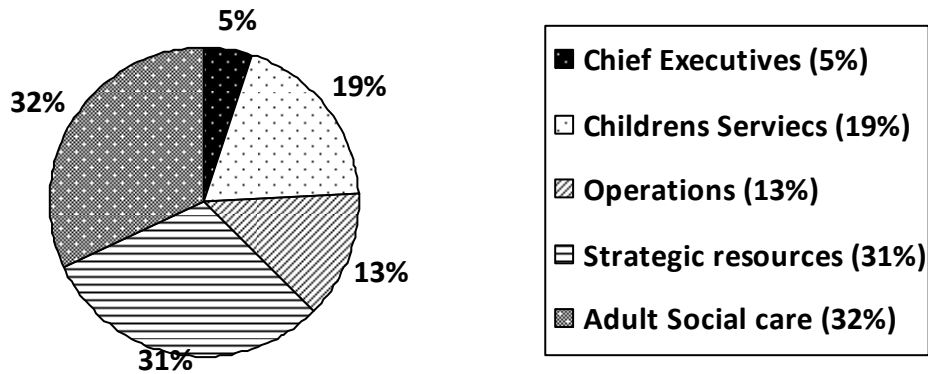
5.5 Eligibility for social care services depends on an individual’s assessed level of need – based on their ability to manage their daily living activities. In the main people defined as having “substantial” or “critical” levels of need – meaning that they would be at considerable personal risk if they did not receive care support are eligible for support. In terms of care groups, adult social care is provided to:

- Older people, including those with dementia
- People with physical disabilities/sensory needs
- People with learning disabilities
- People with mental health related needs
- People recovering from substance misuse

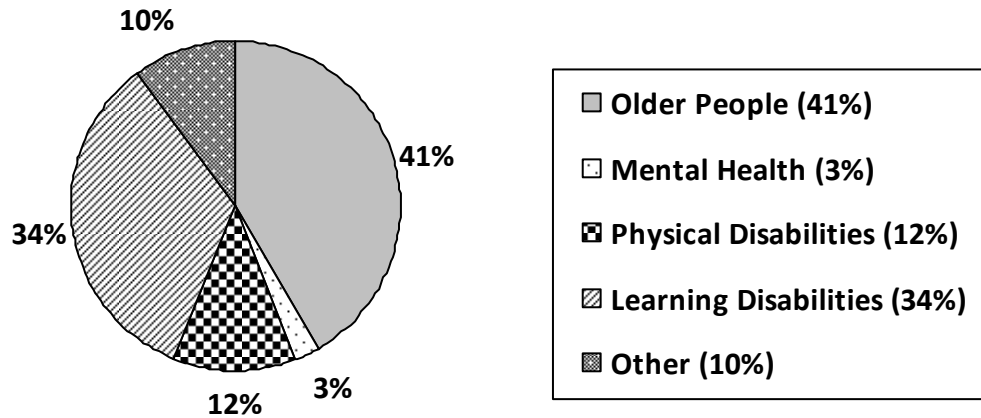
In addition to meeting eligibility criteria, potential care service recipients are also subject to a means test and in most instances will need to make a financial contribution to the costs of their care.

- 5.6 The numbers of Peterborough residents who use adult social care services is significant: The last audited figures are for the year ending April 2011. This showed that:
- 5937 people received some social care services.
- During that year:
- 2664 people contacting the service seeking assistance of whom:
 - 2054 went on to receive an assessment of their needs.
- Of those: 576 were aged between 18 and 64 whilst the majority (1,478) were over 65 (older people). The outcome of those assessments led to 1601 people receiving social care support.
- All the indications are that during 2011/12 there has been increasing demand on our services and the numbers receiving care across all client groups has continued to grow.
- 5.7 Adult Social Care can be seen as comprising of three major elements:
1. Commissioning: this comprises of understanding the overall social care needs of the community and through management of the local market, specifying and procuring a range of services to meet community needs
 2. Assessment and care planning: this is the interface between the citizen and the department in relation to assessment of needs and agreement around the ways in which those needs might be met. Social workers, care managers, occupational therapists are the key professionals involved in this work.
 3. Care service provision: This is the “hands-on” care delivered to meet assessed needs delivered by care workers usually within people’s own homes, or in day centres, supported living schemes or in some cases within care homes.
- In Peterborough those three elements are provided as follows:
1. Commissioning of services:
 - This is a core responsibility and function of the City Council Adult Social Care Department.
 - In a number of areas commissioning is undertaken as a joint activity across health and social care - for example in the area of Learning Disabilities where the Council commissions services on behalf of NHS Peterborough.
 2. Assessment & care management:
 - This is a core responsibility and function of the City Council Adult Social Care Department. It is delivered by community and a hospital based teams who work closely with their colleagues within the community and hospital health services.
 - For people with mental health problems these services are delivered by Peterborough Adult Social Care staff (social workers) seconded to the Cambridgeshire and Peterborough (Mental Health) Foundation Trust.
 3. Care Service provision:
 - The majority of care services are commissioned from a range of independent sector providers – domiciliary care agencies, nursing home and care home providers.
 - The voluntary sector are also commissioned and funded to provide a range of services including information and advice services, sitting services and day services.
 - The Department also provides a range of direct care service provision, including two residential care homes (Welland and Greenwood) day centres for older people and for people with learning disabilities, and the reablement team.
- 5.8 The challenges for the department over the coming year centre upon the pressures of increasing demand and managing within the resources available including delivering of savings and efficiencies.
- During the final year of the Partnership Agreement it was becoming apparent that demands on the service were increasing and that the budget was coming under significant pressure. This matter was subject to detailed consideration by members in the period leading up to the setting of the budget for the coming financial year.
- 5.9 Adult Social Care accounts for a substantial proportion of the Council’s annual revenue budget. The projected outturn for 2011/12 as reported to Council in February was £146,882,000. Of this £48,000,000 was the adult social care spend – 32%

The Council is projected to spend £146,882,000 in 2011/12 (excluding the Dedicated Schools Grant and capital)

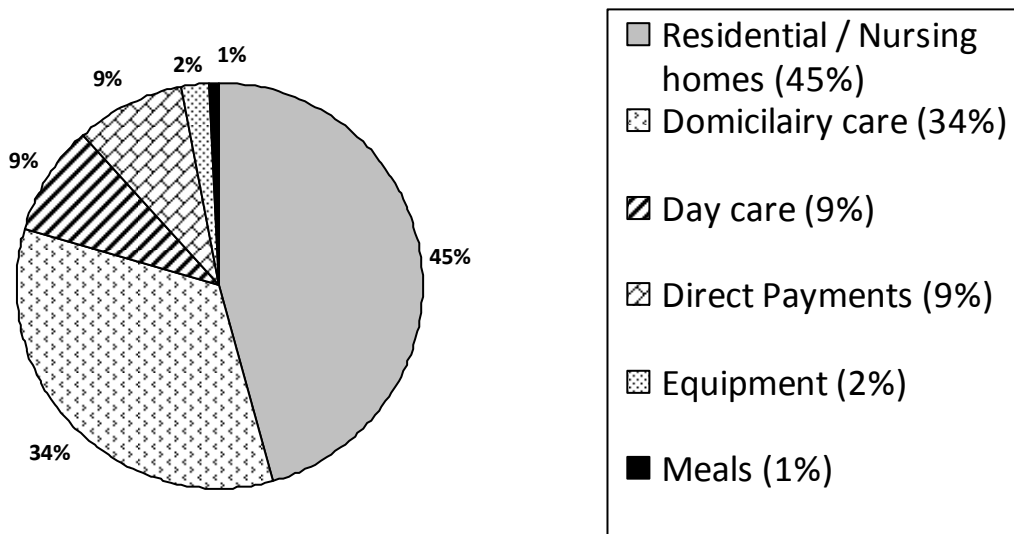


5.10 The Adult Social care spend is currently spent in the following proportions between client group areas:



The budget in 2012/12 is £46.8m

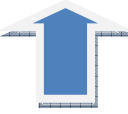
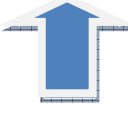
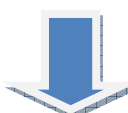
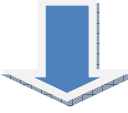

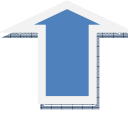
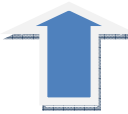

5.11 The share of the social care budget spent on different types of care shows that a significant proportion is spent on residential care. This is, in the majority of cases far more expensive per person that community based care budget and the drive towards reducing reliance on long term care options like residential care are key to ensuring that the increasing demands driven by demographics can be managed within existing and available resources.

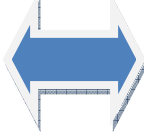
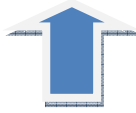
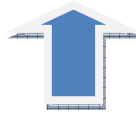



5.12 Measuring our Performance and Progress:

The report elsewhere on this agenda provides an overview of the performance of Adult Social Care. This provides information on the third quarter across a range of national and local indicators. In the main these indicators will remain relevant now that adult social care has returned to the direct management of the Council and quarterly performance reports will continue to come to the Scrutiny Commission in the normal way.

However, a dash-board of indicators have been selected which will give an early indication of the performance of adult social care in some critical areas in the months immediately after the transfer. These are set out below and relate specifically to the three priorities set out in 5.2 above.

Promote and support people to maintain their independence			
Indicator	Current performance	Target aim or	Comment - target
Percentage of new client assessments leading to reablement support	16.85% monthly average		This is an area of underperformance and the Department will be aiming to see significant increases in the % of new clients offered reablement
Percentage of reablement recipients leaving the service with reduced or no social care support	15%		As above
Number of new admissions to permanent residential care (18-64)	1.8 per month average		There is currently an over-reliance on the use of long term residential care and a need to reduce new admissions in favour of supported living and maintaining independence in people's own homes.
Number of new admissions to permanent residential care (65+)	18.9 per month average		There is currently an over-reliance on the use of long term residential care and a need to reduce new admissions in favour of supported living and maintaining independence in people's own homes.
Percentage of those using intermediate care services who are living independently at home after 90 days	90.7% YTD		Intermediate care currently performs well for people returning home after hospital care. We want to track that this continues to be the case.
Delivering a personalised approach to care			
Percentage of service users receiving self directed support	45.79% YTD		It is the expectation that all people being assessed as requiring care support will be allocated a personal budget and offered choice in how that it is used.
Numbers of new service users receiving Direct Payments	26 per month average		There is a need to increase the numbers of people empowered to take a Direct Payment and to manage their own carer arrangements
Delayed transfers of care per 100,000 of the population	3.44 weekly average		Peterborough has performed well in ensuring that people care are assisted to leave hospital in a timely

			manner and that there are no beds in hospital blocked whilst people await special care support. We want to maintain this position.
Empowering people to engage in their communities and have fulfilled lives.			
Percentage of Adults with learning Disabilities in paid employment	16.76% YTD		Adults with learning disabilities in paid employment has been a strength in Peterborough. We want to ensure that this good performance is maintained
Numbers accessing the adults placement scheme	20 monthly average		Our adults placement scheme is succeeding in supporting an increasing number of people in family environments rather than residential care – we want to ensure that this continues to grow.
Number of people contacting Peterborough Direct who were directed to alternative services	This measure is under development with Peterborough Direct		We want to improve on the numbers of people who receive the help and advice that they need at first contact – rather than having to await an assessment or follow-up call.
Percentage of Occupational Therapy equipment delivered in 7 working days	96.73% YTD		We want to maintain our strong performance on delivering equipment to people with disabilities within 7 working days.

There are also a number of performance measures that we will be tracking including:

- The number of reviews of care plans outstanding
- The length of time between a referral and an assessment taking place
- Number of safeguarding investigations where there is an outcome in 28 days.
- Attendance rates of care staff – i.e. sickness levels amongst staff.

In each of these areas the Department will be requiring and expecting to see improved performance.

6. IMPLICATIONS

6.1 There are no specific implications arising out of the recommendations contained in this report. However the transfer back of Adult Social Care to the City Council will have continuing implications and impact on all aspects of Council business including, Financial; Legal; Human Resources; ICT, Environmental, Property, Procurement etc.

Adult Social Care is relevant to all wards throughout the city.

7. CONSULTATION

7.1 Not applicable

8. NEXT STEPS

8.1 There are no immediate next steps to be considered arising from this report.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 None

10. APPENDICES

10.1 None

This page is intentionally left blank