

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
21 JUNE 2012	Public Report

Report of the Executive Director of Adult Social Care

Contact Officer(s) – Terry Rich
Contact Details - 01733 758444

ADULT SOCIAL CARE – POST TRANSFER UPDATE

1. PURPOSE

- 1.1 Adult social care services transferred back to the City Council from NHS Peterborough on 1 March 2012. This report provides an update of how that transfer happened and the current situation in relation to adult social care three months post transfer.

2. RECOMMENDATIONS

- 2.1 To note the report and to indicate any areas of adult social care that the Scrutiny Commission would wish to explore further during the course of the coming municipal year.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 Adult social care contributes to many aspects of the Single Delivery Plan and Sustainable Communities Strategy including:

There are a number of national indicators that adult social care is measured against and these are covered in a biennial performance report to this Committee, the next of which is due at the July meeting.

4. BACKGROUND

4.1 End of partnership and transfer

- 4.1.1 On 29 February, the End of Partnership Agreement was signed following complex, and often tense, 11th hour negotiations. This paved the way for some 490 staff to transfer from the NHS to the City Council on 1 March under the provisions of TUPE, together with all of the adult social care services previously delivered on the Council's behalf by NHSP.
- 4.1.2 Continuity of service delivery was a major priority during the transfer project and there were no interruptions to service delivery arising from the transfer and no indications that service users and the general public experienced any detriment or added difficulty in accessing health or social care services as a consequence.
- 4.1.3 Prior to the transfer, some groups of staff had indicated an anxiety around transferring to the City Council, in particular the Occupational Therapy Service. In the event, there have been no significant issues for that, or other services, arising from the transfer and staff have settled in to the Council and the new department well.
- 4.1.4 Inevitably, there have been some frustrations and teething problems, including ICT systems. Currently, work is progressing to effect a migration of adult social care staff away from the NHS systems on to the City Council systems. Once completed, this will reduce frustrations and make things far more efficient for our staff throughout the service.

4.2 Learning Disability Section 75

4.2.1 At the same time as the End of Partnership Agreement, a new Section 75 Agreement for Learning Disabilities was completed and signed. This is a three-year agreement for the Council to deliver health and social care learning disability services and be lead commissioner for the service. A number of health staff, including Speech and Language Therapists and specialist LD Nurses who will continue to perform specialist health functions, were transferred under TUPE to the Council.

4.3 CPFT Section 75

4.3.1 A new Section 75 Agreement between PCC and Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) has been drafted and is close to being finalised. It provides for a continuation of the secondment of adult social care staff to CPFT to provide a joined-up community mental health service for Peterborough residents, but with increased safeguards concerning budgetary control and with greater contact and engagement between CPFT and the Council.

4.3.2 Discussions with CPFT have resulted in the creation of a Board-level Director of Social Care in the Mental Health Trust. This post will have a dotted-line accountability to the Director of Adult Social Care at the City Council (and to Cambridgeshire County Council). This post will greatly assist in ensuring an appropriate emphasis on the social care aspects of supporting people living with, or recovering from, enduring mental health problems.

4.4 Joint Working Protocol – CCS/PCC

4.4.1 A Joint Working Protocol has been drawn up and signed between the City Council and Cambridgeshire Community Services reaffirming the commitment to maintaining joint working wherever it is evident that this is of benefit to service delivery and our residents. Operational leads are responsible for abiding by that protocol and escalating any issues arising to Director level. To date, no significant issues have arisen.

4.4.2 In particular, our Transfer of Care Team based at the City Hospital still operates effectively in partnership with Cambridge Community Services and Peterborough & Stamford Hospitals Trust staff and we maintain strong performance on avoiding delayed discharges of patients from acute care.

5. **KEY ISSUES**

5.1 Performance Issues

5.1.1 The organisation and management of the social care system at the point of transfer has required considerable work to ensure that it could quickly become effective and fit for purpose. There were bottlenecks and blockages leading to backlogs in work. Performance information was not being used effectively to manage the system.

5.1.2 This is requiring significant work and, whilst changes made are already showing marked performance improvements, it will take some time to deliver a fully effective system.

5.1.3 Concerted efforts are being made to tackle backlogs of work in the areas of safeguarding, care plan reviews and cases awaiting completion of an assessment.

5.1.4 Risk assessing, prioritising and dealing with these backlogs is a top priority at this time and is requiring significant investment of resources to bring things back to a steady state.

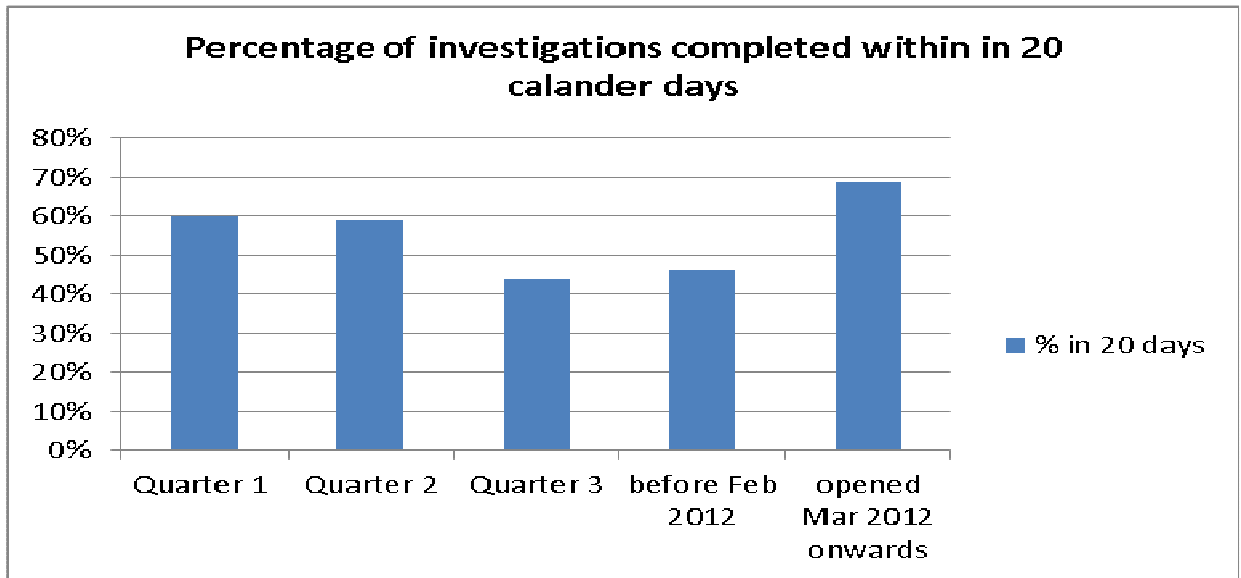
5.2 Safeguarding

5.2.1 The most pressing priority has been to manage the safeguarding backlog, ensuring cases are closed where possible and that outstanding issues are urgently investigated and protection

plans put in place.

5.2.2 There were in excess of 450 open safeguarding cases when the service transferred. All have now been assessed and completed, with most having been closed. 25 cases requiring further ongoing work now have protection plans in place. The total number of all safeguarding cases currently open stands at 54 across all services representing the focus applied to this area of activity.

5.2.3 Close monitoring of new referrals and alerts is being maintained and the number of cases where investigations are completed in 20 days has risen to 65%. However, our aim is for this to reach 80%.



5.3 Reviews

5.3.1 More than 750 cases had reviews overdue at the point of transfer. The priority given to dealing with outstanding safeguarding cases has impacted on our ability to address the backlog of reviews. However, the number of reviews being completed each month is equal to the number of new reviews becoming due each month. The number of reviews completed each month has risen post transfer. However, the number of outstanding reviews remains at 750. Additional social worker/care management capacity has been secured to focus on clearing the backlog over the next three months.

5.4 Unallocated referrals

5.4.1 At transfer, there were 250 new referrals unallocated and awaiting an assessment of need. By the end of May, this had reduced to 61 and there are now no outstanding unallocated cases.

5.5 Assessments

5.5.1 The timeliness of completion of assessments has emerged as a significant problem with around a third of new referrals taking longer than 28 days. This is particularly prevalent in the community teams (32% waiting over 28 days) where capacity (reducing staff numbers) and workflow management have been particular factors. Throughput of work and completion of assessments has remained at a high level of performance in the transfer of care team (less than 3% waiting over 28 days) and in the occupational therapy service (less than 10% waiting over 28 days) where capacity issues have not been as significant. During May, only 14 cases took longer than 28 days for the assessment to be completed.

5.6 Direct Payments

5.6.1 Another area of concern post transfer has been direct payments. There was an urgent need to

review and revise the guidance for staff and service users on what direct payments can be used for, and to commence a number of reviews where it has emerged that direct payment recipients have been building up surplus funds.

- 5.6.2 Direct payments are an important part of our approach to offering choice and control and it is vital that we provide clear guidance so that people can make best use of the funds in ways that directly meet their assessed care needs.

5.7 Performance Framework

The department has developed a comprehensive performance framework which tracks a range of business activity and performance measures. These enable required external reporting as well as providing key business information to directly assist managers in driving the business. In addition, a sub-set of information has been pulled together to provide an overall top-level dashboard of the health of the business. This is being monitored and reported on a month-by-month basis to assess the impact of the transfer on key performance areas and track the impact of the transformation work underway.

5.8 Financial matters

5.8.1 Section 256 for Social Care funding

A business case outlining how the PCT's Social Care allocation of £1.993m for transfer to the City Council will be used has been provided to the PCT. This sum was netted off the final settlement figure paid to the PCT.

5.8.2 Section 256 for Reablement funding

Funds made available to the PCT for investment in reablement services have also been the subject of detailed discussion and a plan has been agreed to invest this resource in scaling up the reablement service offered by adult social care, with the intended outcomes of reducing demand for long term care and supporting further improvements in admission avoidance and early discharge from acute care.

5.8.3 LD Valuing People Now funding review

We have agreed with the PCT to review the 2010 Valuing People Now LD transfer, given that the sum transferred from PCT to PCC was a significant outlier across the region and nationally. The effect of a change would be a further transfer of learning disabilities budget and spend from the PCT to the Council and should be budget-neutral in-year. The overriding significance for the Council is that it enables the Council to fulfil its lead commissioning role for learning disabilities more fully and means that it benefits from funding released over time through service change and attrition, thus contributing towards the costs of new LD entrants into the care system, who in a previous generation might have received care through the NHS.

5.9 Other shared services

- 5.9.1 There are a number of areas where we have continued to seek to maintain a joint approach to delivering services, where it seemed of no benefit to disaggregate arrangements. Areas include carers' support, where we have a shared Carers' Lead who transferred to the Council. We are in discussions with the PCT around the scope of joint working on carers' issues. A revised Carers' Strategy is currently in production and will come to the Scrutiny Commission in due course.

5.10 Future Health & Social Care joint working

- 5.10.1 Now that the transfer has been concluded, greater emphasis has been able to be turned to looking at how adult social care and the City Council will work with the emerging NHS organisational structures and, in particular, the new Clinical Commissioning Group.

- 5.10.2 The impact of the current proposal for a single CCG covering the whole of Cambridgeshire and Peterborough is a matter of some concern, with potential risks for a loss of focus on the needs of the residents of Peterborough and its surrounding areas.
- 5.10.3 Work has commenced between the Director of Adult Social Care, the Chief Operating Officer of the shadow CCG and the GP leadership of Peterborough City and Borderline LCGs to explore how best to work together across the three commissioning groups (CCG, LCG and PCC) to ensure that the opportunities for stronger joint commissioning across social care and health, as set out in the Health & Social Care Act, are realised for Peterborough.

6. IMPLICATIONS

- 6.1 The transfer back of adult social care into the City Council has had implications across all corporate areas – finance, legal, human resources, ICT, property and procurement.
- 6.2 The department accounts for around 32.6% of the annual revenue budget of the Council and currently employs around a third of the Council's workforce. The majority of its budget is spent on care services delivered by independent sector contractors, which equates to circa £35m or 75% of the overall total adult social care budget.
- 6.3 Adult Social Care is relevant across all wards of the City.

7. CONSULTATION

- 7.1 Not applicable.

8. NEXT STEPS

- 8.1 Not applicable.

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.

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