

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
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Report of the Cabinet Member for Adult Social Care

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ADULT SOCIAL CARE – ONE YEAR ON

1. PURPOSE

- 1.1 This report provides an update of the work of the Adult Social Care department one year post transfer back from the NHS, and covers key performance, transformation plans, major commissioning activity and financial management.

2. RECOMMENDATIONS

- 2.1 The Scrutiny Commission is asked to note and comment upon the progress made over the last twelve months and priorities and challenges facing the department in the coming year.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 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.
- 4.2 A report to Scrutiny Commission in March 2012 outlined the transfer and the challenges facing the new department. A further report in June 2012 set out a range of performance concerns that had come to light post transfer and the actions being taken to resolve these issues.
- 4.3 This report summarises progress to date in terms of addressing areas of poor performance, developing commissioning plans and strategies, modernising services and setting priorities for the coming year.

5. KEY ISSUES

5.1 Performance issues

- 5.1.1 In previous progress reports, the work being undertaken to identify and recover poor performance amongst services taken back from the NHS has been covered. At the time of the last report in September, the department was beginning to move into a steady state of operation, whereby it was managing the throughput of new and current work, and had largely managed the inherited backlogs.

5.1.2 The quarterly performance report elsewhere on the agenda, documents the progress made regarding the current performance in key areas.

5.1.3 **Safeguarding**

As well as improvements in the management and tracking of safeguarding casework, I am pleased to report that the multi-agency Safeguarding Board has developed well during the last year. The appointment of a permanent Strategic Safeguarding Manager has assisted in this, providing much needed continuity to this critical area of work.

5.1.4 Flick Schofield, the Board's Independent Chair, has agreed to stay on for a further year and is expressing far greater confidence in the overall management of safeguarding. A successful Board development day in December was a positive example of increasing multi-agency ownership of safeguarding. I was also delighted to note that members of the Scrutiny Commission have said that they consider Safeguarding Awareness Training as important for all elected members.

5.1.5 **Referrals, Assessments and Reviews**

The performance report covers the improved performance in relation to people being offered an assessment of their needs in a timely fashion, and of reviews being undertaken when they should be.

5.1.6 **Framework-i implementation**

Framework-i, our new Social Care Information System, was implemented at the beginning of December and is improving the way that work is managed. It has allowed the creation of well structured workflows that must be adhered to by workers. This ensures established processes are followed and assessments and reviews are completed within appropriate timescales. Workflows also result in more reliable performance reporting, allowing for easy extraction of useful management information.

5.1.7 Framework-i also enables us to get a more accurate picture of the eligibility level of referrals received and will assist us in ensuring that resources are being targeted appropriately at those with greatest needs..

5.2 **Quality assurance**

5.2.1 As well as ensuring that referrals, assessments and reviews are undertaken in a timely manner, we have also been developing a quality assurance framework, under the guidance of our Quality Assurance Manager. This covers all areas of professional practice and includes a schedule of quality audits of casework activity which will take place on a rolling basis across all teams.

5.2.2 We have reviewed our professional training arrangements ensuring that more of our training budget is invested on improving and maintaining the skills of our professional workforce. Previously, most of the budget was spent providing free training to independent sector providers. A changed approach provides financial support towards provider training but requires agencies to take responsibility for their own training needs.

5.2.3 Over the past year, a total of 140 policy and procedure documents, inherited when the services returned from the NHS, have been reviewed, updated, replaced, or identified as no longer relevant. Staff are now working to a consistent and relevant set of procedures. A significant example of this related to Direct Payments. More than £350,000 of unused and overpaid Direct Payments have been recovered from service users as a result of

implementing a more rigorous and effective process.

5.2.4 As part of the drive to improve access to information, a new online care and support directory is being developed. The directory will grow to be a comprehensive resource for people searching for care and support services and products. It is planned to launch the directory to the public at the end of March 2013. A “YouTube” video clip explaining about the Directory can be viewed at:

http://www.youtube.com/watch?v=sn0PG2TqZ_M&feature=youtu.be

5.2.5 An improved complaints process has been developed in conjunction with the Peterborough City Council in-house complaints team. The procedure has been publicised through leaflets and the Peterborough City Council website.

5.2.6 Alongside analysing complaints data, monitoring and reporting on service user and carer experience is a priority. During November 2012, we participated in a national survey of carers, the results of which are currently being analysed. We are currently participating in a national survey of Adult Social Care service users.

5.3 **Commissioning and service redesign**

5.3.1 The identification of needs, researching service models and options, drawing up detailed specifications and service requirements, initiating procurement and contracting is at the heart of Adult Social Care. This was not an area of strength during the period that the service was managed within the NHS.

5.3.2 Building capacity and expertise within the team has been a priority over the last year. Recruitment to the senior tier of strategic leads is now in place and we have worked with SERCO to enhance our contracting and procurement skills base. Aligned commissioning with the NHS (CCG) is also being explored.

5.4 **Older People Accommodation Strategy**

5.4.1 The closure of the remaining older people's residential care homes has been completed successfully with all residents being relocated to homes which both meet their assessed needs and family choice.

5.4.2 Replacement day care provision has been arranged using under-used facilities in a Cross Keys sheltered housing scheme at Mellows Close and is proving to be popular.

5.4.3 Respite and interim beds have been commissioned in the independent sector and despite the housing being under significant pressure to manage demand over the winter, these arrangements have been working well.

5.4.4 Work to confirm the specification of a future Dementia Resource Centre is well advanced and a report is elsewhere on this agenda giving further detail. Tendering for a new service commences in April.

5.4.5 Work is also progressing to encourage the development of additional supply of extra care housing – the alternative to residential care. Close working with Cross Keys has resulted in their bidding for additional DH monies to support a further scheme in Peterborough. Liaison with Strategic Property Services has also explored ways of securing maximum benefit from vacated residential care home sites to secure further supply to meet developing demographic demand for older people's accommodation with care.

5.4.6 We are working with the Clinical Commissioning Group around improving access to health

care for older people. This includes participating in multi-agency pilots aimed at preventing avoidable hospital admissions and maximising the potential for out of hospital care.

5.5 **Learning Disabilities**

5.5.1 Support for people with learning disabilities accounts for a major proportion of the department's expenditure and is the fastest growing area, with a year on year net increase in the numbers of people in need of care and support.

5.5.2 A major review of LD day services has commenced which aims to enhance the emphasis on engagement with mainstream community services and a reduction in reliance on separate provision. The review will be exploring how we can enhance independence, community engagement and, wherever possible, support into employment for as many people with learning disabilities as is practicable.

5.5.3 The review will result in proposals for change being drawn up and being the subject of detailed consultation with service users and their families. Any significant changes, including changes to the numbers of functions of day centres, will only take place following consultation, most likely in the autumn of 2013.

5.5.4 We are also working to review and strengthen our transition planning for young people graduating from children's disability services into adulthood. This is a major financial risk annually with as many as 40 young people known to Children's Social Care reaching 18 each year. We want to expand the "Shared Lives Scheme" which currently only provides for those with lower or moderate levels of need.

5.6 **Mental Health services**

5.6.1 Far closer working has been established between ASC and CPFT, with quarterly meetings with Trust Directors and regular engagement of operational managers at CPFT with ASC financial, performance and quality forums.

5.6.2 A previous over-reliance on use of out-of-city residential care for people with mental health problems is being tackled, with a greater requirement for securing community based solutions and recovery for people post acute.

5.6.3 Our newly appointed Strategic Commissioner for Mental Health services is focusing on the supply of appropriate supported housing for people recovering from mental ill-health – thus reducing the longer term demand for high cost out-of-area residential care.

5.7 **Future priorities**

5.7.1 Year two back in the council will be one which balances the need to consolidate the successes achieved in year one, together with a further push to improve the quality of practice and the innovative and modernising our service offers.

5.7.2 A Joint ASC/SERCO Transformation Board is overseeing an ambitious portfolio of change projects which will have a significant impact on the department and its staff. These include:

- a revised customer journey with more people being able to access information, advice and guidance through the Customer Contact Centre.
- transfer of procurement and contract management functions to SERCO in return for

improved performance and savings in contractual costs over the next three years.

- a longer term project aimed at securing a pipeline of supported living accommodation for people with learning disabilities to reduce the need for people to be placed in long-term residential care out-of-city.
- the transfer of back office, financial transactions and admin support functions to SERCO.

5.7.3 The implementation of revised eligibility criteria and the new customer journey will be significant challenges in the year to come and will require careful monitoring to ensure that performance and quality are not affected during the management of change.

5.7.4 Service modernisations will continue with a major review of learning Disability day services getting underway. This is likely to result in proposals for significant changes, with the potential for reducing the reliance on separate building based services, and a greater emphasis on supporting people into employment and in engagement with mainstream leisure, culture, sports and educational facilities. We have an ambition to see Vivacity playing a far greater role in this area.

5.7.5 Similarly older people's day care will be reviewed, both in then light of changes in eligibility, the plan to commission a Dementia resource centre, and the development of the preventative offer for people below critical and substantial levels of need.

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.

6.1 Adult social care is relevant across all wards of 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.

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