

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>25 MARCH 2014</b>	<b>Public Report</b>

## **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 overview of the work of the Adult Social Care department two years 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 when responsibility returned to the Council. This Partnership Agreement included all aspects of adult social care commissioning and service delivery. A report to Scrutiny Commission in March 2012 outlined the transfer and the challenges facing the new department.
- 4.2 In February 2013 Cabinet approved revised eligibility criteria for Adult Social Care, together with additional investment into reablement and transitional support to assist people to enhance skills and build confidence to increase opportunities for independence and less reliance on ongoing statutory support where ever possible. Additional investment was also agreed for prevention to support the direction of travel.
- 4.3 It was acknowledged that for this to work successfully, in the light of increased demographic pressures and financial challenges that the way in which the Department works needed to be transformed.
- 4.4 Accordingly in June 2013 a new permanent Executive Director of Adult Social Care was recruited to develop and implement this approach. In November 2013 this remit was extended to cover Public Health and the Directorate was renamed Adult Social Care, Health and Wellbeing
- 4.5 The Challenges can be summarised as follows:

- 1) To integrate Adult Social Care back within the council and to build and re-establish sound relationships with health and other partner agencies
- 2) To address the shortfall in performance, commissioning plans and strategies and the need to modernise services in line with personalisation
- 3) To transform processes for assessment and care management and commissioned service to support the new approach and position Adult Social Care at the forefront of good practice
- 4) To ensure that the approach anticipates the new legislative changes estimated in the Care Bill and Better Care Fund
- 5) To reduce unnecessary bureaucracy and improve quality and outcomes for those we support
- 6) To meet our statutory responsibilities within agreed resources and to deliver savings and efficiencies as required

4.6 The above forms a planned and phased programme of change for Adult Social Care from 2013-2016 which allows for business as usual during the programme of transformation change.

## 5. KEY ACHIEVEMENTS & PROGRESS

### 5.1 ASC Transformation

The Transformation of Adult Social Care working towards a 'personalised' customer pathway and a new operating model for Adult Social Care is underway. Peterborough is developing a model that works for all citizens of Peterborough regardless of age or disability. The next steps will be to validate the new customer pathway by clearly understanding and mapping the current customer experience/journey as it currently exists and understand what changes need to be made to greatly improve and streamline access to Adult Social Care, and provide citizens with Advice and Information to be able to make decisions without the need to involve Adult Social Care. The model should ensure efficiencies and enable the council to capitalize on preventative offers, addressing increased volumetric pressure, managing the anticipated impact and implications of the Care Bill and in doing so address personalisation through shared working practices and target statutory services where they are most needed. As part of the Transformation programme, key social care staff, have been identified to be involved in the project to ensure we use their expertise and knowledge when developing the new pathways. The work is being undertaken with the Council's strategic partner SERCO and will align with broader Peterborough City Council's developing customer and digital strategies.

#### Work on Dementia

### 5.2 **Dementia Strategy**

I am pleased to report some excellent work in this area. A Dementia strategy has been developed and agreed with key partners and stakeholders. Adult Social Care has increased its investment in dementia from £4.9m to £5.2m and has a clear and agreed approach and vision for this area of work.

#### **Dementia Resource Centre**

Following a period of consultation around the service specification and design of the centre the City Council went out to competitive tender for a Dementia Resource Centre. The contract was awarded to Alzheimer's Society in November 2013.

The centre will act as a one stop shop for advice, information and support for people with dementia and their loved ones. It will help them to live well with dementia and remain independent for as long as possible.

The city council is spending £500,000 in the redesign and refurbishment of 441 Lincoln Road to create the dementia resource centre. The money will be spent on creating a modern, welcoming space that is fully accessible, offering a relaxed café style space for visitors to access information and advice, access groups and activities and confidential space for assessments and consultations.

Adult Social Care was invited to present its work on the newly commissioned Dementia Resource Centre to the All-Party Parliamentary Group on Dementia (an informal cross-party parliamentary group made up of 80 MPs and peers with an interest in dementia). In January 2014 the DRC's co-located model was identified as a model of best practice and the Chair Baroness Greengross asked that Peterborough city Council return to update the group on progress once the centre opens.

### **Local Dementia Action Alliance Launch**

On Weds 5<sup>th</sup> February 2014, the City Council hosted the launch of Peterborough's Dementia Action Alliance. The Alliance was formed to bring a range of partners together to create a dementia-friendly Peterborough. Its membership currently includes NHS and voluntary sector partners, homecare providers, as well as Queensgate Shopping Centre, the Rotary Club, Boots and Vivacity. The launch was held to inspire other organisations to join in raising awareness about dementia and getting people to make a pledge of what they will do to help Peterborough become dementia-friendly.

The event was attended by over 120 people and included a range of businesses, organisations and local groups as well as people with dementia and their carers and loved ones who wanted to learn about what being dementia friendly means and how they can contribute to achieving this. The Alliance will meet on a quarterly basis with the first meeting taking place on 11<sup>th</sup> March 2014.

## **5.3 Carers Strategy**

The Carers Strategy for 2013-2015 was completed and signed off by the Council and the Clinical Commissioning Group in November 2013 and provides focus and direction for supporting and working with carers in Peterborough. In summary, key outcomes for the strategy are:

- Carers are respected as expert care partners and are supported to maintain their health and wellbeing
- Carers are enabled to have a family and community life and to fulfil their educational and employment potential
- Children and young people are protected from inappropriate caring roles

The Carers Partnership Board is overseeing the implementation of the strategy. Since November work has been undertaken to review Carer's Assessment processes to simplify them for carers, this has been done in partnership with carers. The Council has also worked with the Clinical Commissioning Group to develop GP Carers Prescriptions, to recruit GP Carers Champions in each practice and to enable people identifying themselves as carers to family doctors to be able to get support. The Adult Social Care Strategic Commissioning team has been working in partnership to re-tender carers support services in Peterborough – this is now underway and will provide integrated, personalised support to both young carers and adults with a caring role.

#### 5.4 **Prevention Strategy**

Following consultation with people using services, carers and providers, the Adult Social Care department has developed a Prevention Strategy that is aligned to and supports the delivery of the strategic outcomes of the ASC Transformation Programme. Work to implement the strategy is ongoing, for example, the development of micro-enterprises and community support through the Asset Based Community Development project and the reshaping and expansion of voluntary sector short-term reablement support. In essence much of this work is about strengthening and supporting initiatives in the community which can support individuals and groups to reduce reliance on the need for statutory support by encouraging active and health lifestyles.

It has been agreed between Adult Social Care, Health and Wellbeing Department, the Communities Department and the Clinical Commissioning Group that the prevention agenda should be developed in a more strategic way. Work is underway to scope prevention across the Council and the health and care economy, pull together strategic documents and commissioning intentions and to develop a high level, over-arching Prevention Strategy that clearly sets out an integrated vision for prevention and how this will be delivered. A stakeholders task and finish group has been agreed and will completing this work in April 2014.

#### 5.5 **Expansion of Reablement**

Throughout 2013/14 the outcomes for people completing a period of reablement continue to be good with most requiring no ongoing support. The number of people supported by the reablement service has continued to increase and the target of 800 people having a period of reablement should be achieved. The service is committed to the continued professional development of staff and as a result the service has been able to support people with physical disabilities, sensory impairment, learning disability and mental health issues. The service has also been supporting health initiatives for example 'The Firm' a G.P. led initiative designed to avoid unnecessary admissions to the local acute hospital and to support timely discharges. This has contributed to managing bed capacity in the acute sector. The service has also been able to employ two physiotherapists with winter pressure monies which has enabled the service to support people with more complex rehabilitation needs. The service has supported the Transfer of Care Team to ensure that there continue to be no delayed transfers of care attributable to Adult Social Care for 2013/14.

#### 5.6 **Inspections of Reablement/Shared Lives**

In 2013 the Care Quality Commission inspected Shared Lives and the Reablement Service. The first inspection on 14<sup>th</sup> October 2013 focused on The Shared Lives scheme that provides care and support for vulnerable adults by arranging placements within the family homes of shared lives carers either on a short term, long term respite or emergency basis. The inspection focused on 5 of the essential standards and found that the service met the following standards; respecting and involving people who use services, care and welfare of people who use services and supporting workers. In the other two standards the inspection found that that the service did not meet the following standards; to safeguard people who use services as the scheme did not have a clear system in place that could be accessed by people using the service; assessing and monitoring the quality of service as there was not an effective system in place to regularly monitor the quality of the service that people receive.

On receipt of the findings an immediate action plan was agreed with the Registered

Manager of the Shared Lives Scheme to address the actions required. People who access the service are provided with relevant and appropriate information in relation to safeguarding and how to raise a concern and there are now regular audits, spot checks and feedback questionnaires provided to all people who access the service to ensure there are systems in place to monitor the quality. The Care Quality Commission were satisfied with the actions agreed by the service to ensure all standards were met.

The second inspection on 16<sup>th</sup> and 17<sup>th</sup> December 2013 focused on the Reablement service. The inspection focused on 5 of the essential standards of care and the outcome of the inspection was that the service met all of the standards as detailed below;

**Consent to care and treatment;** CQC found that the service had effective systems in place to involve people in planning their support and obtaining consent for this to be provided; **Care and welfare of people who use services;** CQC found that people experienced support that met their needs and protected their rights; **People should be protected from abuse and staff should respect their human rights;** CQC found that people who used the service were protected from the risk of abuse because the service had taken reasonable steps to identify the possibility of abuse and prevent abuse and that staff had been appropriately trained and undertaken a safeguarding assessment of learning; **Staff should be properly trained and supervised and have the chance to develop and improve their skills;** CQC found that people were helped by staff who were supported to deliver the service safely and to an appropriate standard, staff were competent to meet the needs of people who used the service;

**The Service should have quality checking systems to manage risks and assure health, welfare and safety of people who receive care;** CQC found that the service had an effective system to regularly assess and monitor the quality of service that people receive identifying, assessing and managing risks to the health, safety and welfare of people using the service and others.

During the inspection CQC interviewed five people who had used the service and three relatives to seek their views. The inspector also spoke to two reablement support workers, an occupational therapist, two assistant managers and the registered manager to get a comprehensive over view of the quality of care and support provided. The Team Manager of Reablement Linda Mottram was also congratulated by the inspector for how well the service was organised.

#### 5.7 **Employees of the Month**

Adult Social Care has now joined the Councils scheme and is pleased to have been able to nominate both individuals and teams for some excellent work

#### 5.8 **Safeguarding**

The Safeguarding Adults Board (SAB) continues to develop and strengthen its role. Safeguarding performance can now be more closely scrutinised as the SAB receive a quarterly dashboard of performance information. Each member is asked to produce a quarterly report of their safeguarding activity and this provides a greater picture of multi-agency engagement.

The Adult Safeguarding Multi-Agency Policy and Procedures reviewed and adopted at the end of 2012/13 and following on from this the SAB set up a group to develop practice guidance to support the procedures. Two new practice guidance documents were developed in the last year and another two are about to be published. The Safeguarding leaflets and posters inherited from the NHS have been replaced and issued across

Peterborough and are available in G.P. and dentist practices as well as care homes. A SAB newsletter has also been developed as is being circulated to all key partner agencies and providers. It is considered to be of high quality.

There has been a slight increase in the number of requests for authorisation of Deprivation of Liberty Safeguards (DoLS). Work has been done to increase awareness of DoLS and Mental Capacity Assessments (MCA) and the appointment of an MCA/DOLS lead will continue to take this forward.

Additional safeguarding training, including Leading Large scale investigations and Roles and Responsibilities of Provider Managers in Safeguarding, have been commissioned and were well received.

## 6 **Home Care Procurement**

During the Financial Year ending March 31<sup>st</sup> 2014, the Home Care Service has been re-tendered. The previous ILSS Framework introduced in 2009 by NHS Peterborough expired in October 2013. The new Contract Framework has been developed by the Eastern Region of Association of Directors of Adult Social Care and has moved away from being task orientated to focusing on outcomes relating to service user aspirations. As well as this inherent “reabling” emphasis of the new Framework, specialist services have been commissioned to ensure that people who need more intensive support will be catered for.

44 Bids were received and 28 successful Providers are now on the New Framework, 7 of which are new to Peterborough and are in the process of registering local offices with the Care Quality Commission. The configuration of the new Framework means that the top 10 providers that scored highest on price and quality are offered new work first which has helped drive the possibility of efficiency savings. In addition more robust rules regarding the use of Electronic Call Monitoring systems will ensure that the Council can ascertain where services that are required are actually being delivered and providers held to account for missed calls or not delivering the required quantity of care. Overall the procurement expects to save £266k for this year 2013/14 and circa £1.5 million for 2014/15.

A Provider event has been organised for 5<sup>th</sup> March 2014 where the Council can launch the new Framework and build new and lasting relationships with providers to drive up the standard of service delivered to the people of Peterborough. We will continue to monitor progress and use this experience to further develop and inform future procurement practice.

## 7 **Public Health Responsibilities**

The Public Health functions for Peterborough were successfully transferred to the Council in April 2013, and following the Senior Management Review were transferred to the Department in November 2013. An interim Director of Public Health was appointed for 2014 and other key roles are currently in the process of recruitment.

Although it is not long since the transfer, we have delivered a successful piece of developmental work around the Children and Young Peoples JSNA in partnership with Green Ventures and are preparing for a LGA Peer Review this month. A Memorandum of Agreement for delivery of support to the Clinical Commissioning Group is being finalised, and we commenced reporting progress to on the Public Health Outcomes Framework to Scrutiny Commission from Quarter 2.

## 7.1 **Performance**

The Department has developed its performance management framework over the course of the year with the introduction of service level performance reporting. We have focussed specifically on quality improvement within our safeguarding investigation processes, introducing regular case audits by senior managers and a new dashboard for the Safeguarding Adults Board. We have delivered improved performance in the initiation of investigations and in the feedback to referrers. The priority for Adult Social Care has been to improve the quality of investigations and our case audits evidence tangible improvements. Our case audits evidence an improvement in the quality of investigations, and the number of inconclusive outcomes has reduced as a result. The intention is to now focus on the timescales for completion and improve performance in this area.

Another focus for performance improvement during the year has been around scheduled reviews. Analysis of review activity showed that we were completing a high percentage of unplanned reviews initiated by change in service user's circumstances, and this was impacting on capacity to undertake scheduled reviews. Improved reporting has allowed us to better target resources to pressure areas and the number of scheduled reviews has as a result increased during the year. Our performance around reablement continues to be excellent with over 700 people receiving the service in the first three quarters, 67% of whom completed the course of reablement requiring reduced or no support

## 7.2 **CMDN's**

A total of 14 CMDNs for Adult Social Care, Health and Wellbeing were submitted during the period March 2013 to March 2014.

## 7.3 **Consultation on Adults under 65**

Cabinet agreed to an Adult Social Consultation on Transforming Service for Adults under 65. The outcome of consultation and plans for implementation are due to be received and considered by Cabinet this March.

## 8. **Budget Savings**

8.1 The service reported a favourable financial position at the end of 2012-13, which enabled the transfer of reserve funding of £324k to support Transformation activities in 2013-14. In terms of the current financial year, Adult Social Care is projected to be within budget, in spite of increased demographic pressures and pressures arising from a significant shortfall in savings targeted on Contracts. This has been covered by a programme approach to savings which has delivered increased savings in some areas to make up for under-achievement in others.

The Finance team has continued to develop reporting as part of the Budget Management suite of reports, which has been essential to effective financial control. A number of staff in the Revenues and Payments and Care Placement team were transferred to Serco during the year as part of the wider Business Support transfer, which delivered savings for the Council.

## 9. **Future Priorities**

- Implementation of Better Care Fund and assessment of financial implications
- Financial modelling of the impact of the Care Bill
- Transfer of budgets to other directorates as part of the senior Management restructure
- Implementation of new national finance reporting regime to aid Transformation.

**10. IMPLICATIONS**

10.1 Adult Social Care and Public Health is relevant across all wards of the city

**11 CONSULTATION**

11.1 No applicable

**12. NEXT STEPS**

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

**13. BACKGROUND DOCUMENTS**

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

13.1 None

**14. APPENDICES**

14.1 None.