



<u>Committee and Date</u> Council 25 th September 2014 10.00 am

<u>Item</u> 8 <u>Public</u>

COUNCILLOR LEE CHAPMAN PORTFOLIO HOLDER REPORT FOR ADULT SOCIAL CARE

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1. Introduction

To respond to the challenges of increasing demand for support, raised aspirations and expectations of citizens, significant reductions to public spend, and to continue to deliver high quality support to those in need, it has been recognised that the approach to the provision of Adult Social Care (ASC) in Shropshire needed to change.

The specific purpose of Social Care is to enable people to live independently and well for as long as possible, by maximising people’s individual resilience and ability to meet their own needs, and to continue to support and develop contributions that communities can make to support the people living within them.

Following a fundamental review of Adult Social Care, a system wide transformation plan was created; designed to reduce costs, improve outcomes and create a sustainable, locality based solution to support Shropshire’s most vulnerable residents.

1.1 Specific responsibilities

The portfolio holder’s responsibility within ASC has been to provide political leadership to the directorate’s management team and in relation to the implementation of the transformation plan, to have specific oversight of the following key activities:

2. Key Developments in the last 12 months – The New Operating Model (NOM)

The ASC new operating model has created a pathway that essentially allows the service user/family carer to receive information and advice upfront so that they can make informed decisions without having to go through the entire customer pathway to achieve the same goals. This

means that resources can be applied to those that require more in-depth support, more effectively. It is built on the following principles:

1. Reducing dependence upon paid support and enabling and maximising individual independence.
2. The service will be responsive with quick decision making at the closest possible point to the person.
3. Maximising the use of community resources and natural support and developing resilient communities.
4. The local service will be determined by what that local community needs in relation to advice and information and direct intervention from adult social care.
5. Facilitating key partnerships within local communities that maximise the use of natural support and universal services.
6. There is a focus on the use of volunteers and particularly those that have lived experience of using services.
7. The service will focus upon supporting and enabling carers to continue with this vital role whilst establishing and maximising the use of peer support.
8. Members of staff will play a key role alongside individuals who use the service in making decisions about how the service is delivered.
9. The service will work from a presumption of a mobile and flexibility operating within local areas.
10. Increasing the focus on professional standards and profile of social work to enable improved outcomes for individuals and give a sense of pride and ownership for the staff group.

The measures used to monitor, and manage performance across the 'system' as a whole are both quantitative and qualitative. Some use existing data and recording systems, some require the collection and analysis of 'new' data (ie information that has not been routinely collected to date) and others are based on the 'triangulation' of information that other organisations use in order to create a more detailed picture of activity and outcomes. The development of this model continues to be closely monitored by officers and also through a specific Scrutiny Committee sub group.

2.2 Supporting the development of People2People (Social Enterprise) – to deliver community based social work functions

People2People provides social work and occupational therapy services across Shropshire for older people and adults who have disabilities. They are a 'not for profit' organisation that has been in existence as a pilot scheme since January 2012. They work to enable people to live as independently as possible and for as long as possible as part of their communities, leading active and fulfilled lives. Their service is based on giving the right response, guidance and information to people at the right time and in the right way.

People2People work collaboratively with other organisations, charities and community groups in Shropshire, as well as providing access to

professional social workers and occupational therapists for those people who need more support. The majority of social work staff have now been seconded into People2People, and as the scheme becomes formally adopted, the challenge going forward will be to ensure that the model is sustainable and builds on the good practice and innovation demonstrated to date.

2.3 Adult Safeguarding, including revised DoLS requirements (Deprivation of Liberty Safeguards)

The Deprivation of Liberty Safeguards (DoLS) were introduced in April 2009. The work has continued to develop and strengthen the safeguarding arrangements within Shropshire. There has been excellent performance against the safeguarding measures and the development work is underway to strengthen the 'personalised approach' to safeguarding, improving the experiences of those who have been involved in a safeguarding case. These are essentially a way to keep someone in a hospital or in a care home when the person needs to receive care and treatment but they are unable to make this decision themselves.

The Supreme Court issued a decision in March 2014 on 3 cases (2 different people), that changed the face of Deprivation of Liberty Safeguards (DoLS) and it has significant implications for all local authorities as supervisory bodies. Fundamentally, many more people now require consideration through DoLS process.

Most Local Authorities in the West Midlands report having carried out their previous full year's number of assessments in the first 10 weeks of this year. Last full year Shropshire did 165 assessments and have received 566 requests so far in 2014/15.

There is a national task force which has been set up to consider the impact of the Supreme Court judgement, this group contains DoLS Leads from most regions in England and members from NHS England and CCG's. The MCA/DoLS Manager from Shropshire (a jointly funded post) has a lead role with this task force.

2.4 Compliance with quality requirements across commissioning and provision

The recommissioning of services has presented the opportunity to both evaluate the quality measures adopted by providers. Services have been recommissioned on the the basis of both price and quality to ensure that the vulnerable people using services are protected from harm and that there is a cycle of continuous improvement in service delivery.

Quality measures are designed in to the recommissioning process by inclusion in the service specification, applying a weighting to the award criteria for quality, requesting references and undertaking credit checks, robust questioning supported by evidence and the involvement of service

users in developing interview questions for prospective providers on matters that are important to them. Throughout the process and in recommending the contract award the wider benefits to local communities, service users,, staff, stakeholders and the local economy are also considered.

Post contract award, services and contracts are monitored through visits, contract review meetings and feedback from users.

2.5 Ensuring the Council is prepared for the implementation of the Care Act in April 2015 and to support the administration of the Better Care Fund.

The Adult Social Care Bill will be effective from April 2015 onwards. This legislation is a significant change to Adult Social Care and has been compared to being similar to the introduction Community Care Act in 1990. The Care Bill will replace a number of different pieces of legislation with a single modern law and a new legal framework that will have the wellbeing of individuals at the centre of care and support services.

The Care and Support Bill which will be in two stages introduces wide ranging changes to Adult Social Care Services effective April 2015 and April 2016.

The Implementation of the Care Act in Shropshire is through a project management approach with 11 key work streams identified which address each of the areas of reform. The interdependency and relationships between the work streams is critical to successful implementation in Shropshire which will build on the current transformation work in adult services. A programme board which includes representation from Shropshire Clinical Commissioning Group provides the governance for this work.. Regular briefings are provided to Health over View and Scrutiny Committee and Member briefings are scheduled for October.

There is still a significant amount of work to be completed on the financial impact of the Care Act in Shropshire including assessing the impact of new burdens in relation to an increase in the number of assessments , to be undertaken, new rights and services for Carers and the changes to eligibility for local authority funded care and support. Implementation costs are also currently being modelled including the information technology requirements.

The Better Care Fund (BCF), previously known as the Integrated Transformation Fund is a cross cutting approach to the integration of health and social care services. Four key themes of Prevention, Early Intervention, Supporting People in Crisis and Supporting People to live independently for Longer are the focus of the Better Care Fund in Shropshire.

The Better Care Fund also includes some of the funding for the implementation of the Care Act.

2.6 Delivery of the projected budget reductions within ASC over the next 3 years.

The budget reductions and the reshaping of Adult Social Care is being delivered through a programme of managed work streams, detailed within the overall Transformation Plan. This activity is managed by a programme board, and dedicated fortnightly DMT meetings that include the portfolio holder. There are 56 individual work streams that collectively seek to deliver £25m of savings over the next three years.

2.7 Delivering the Transformation agenda for adult services including the Recommissioning of in-house services.

The Transformation agenda in adult services will support many more people to live independently without reliance of funded support within their local communities.

A critical element of this transformation is the Council becoming a commissioner of services and not a provider. The recommissioning programme in adult services is reducing the number of house provide services including those that are regulated by the Care Quality Commission.

During the year the provision of accommodation for adults with learning disabilities has been the focus of recommissioning activity and has included the transfer of the Community Living Service and Shared Lives to two new organisations which have developed new bases in Shropshire, provided new job opportunities and career progression opportunities for staff and developed the services to increase capacity.

New purpose built accommodation for adults with learning disabilities funded through external capital grants has also been commissioned with construction expected to be completed by spring 2015. The recommissioning of Kempfield, a learning disability hostel, is also under way as is the redevelopment of day opportunities for all adults.

Community based resources continue to develop as a result admissions to residential care are reducing.

The Integrated Care Service (ICS) and other developments with our CCG colleagues such as compassionate communities all contribute to helping people return home from hospital quicker and supporting people to live independently for longer in their own homes. Looking ahead further work on Ageing Well approach and resilient communities will also support this.

3. Challenges for 2015/16

From April 2015 there will be a number of changes to legislation and statute that will shape the way social care is delivered in the future. Our local transformation activity will continue throughout 2015 and beyond, including;

Working to further our Resilient Communities initiative, intended to make the best use of existing community resources and to facilitate the development of others, enabling people to live longer and more safely within their own communities.

We will continue to **manage demand** and influence positive **behaviour change** in order to apply our resources to best effect.

Our use of **assistive technologies** and **telecare** will increase as we seek to develop more innovative and appropriate support for people at home.

We recognise that the way we support people needs to change and we will seek to reduce reliance on **residential care** by working with providers to develop alternative models of support.

4. Conclusion

This has been both a challenging and rewarding period for adult services. It continues to develop positive options for some of our most vulnerable people in Shropshire but does so in a way that emphasises aspiration, collaboration and partnership.