

Annual Report of the Cabinet Member for Adult Social Care

Cabinet Member: Cllr David Huxtable - Cabinet Member for Adult Social Care

Division:

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1.0 Summary

- 1.1 Adult Social Care Services both nationally and locally face challenges in responding to funding pressures, increased need within our population, supporting a diverse market place and responding to practice improvements.
- 1.2 I am proud of the progress our services have made during the last year.
- 1.3 The service has established a clear strengths based approach, responding and supporting residents in a way that maximises their potential providing their individual independence
- 1.4 The relationship and interface with the NHS remains as important as ever and this last year has seen some significant developments, both in the delivery of new services such as 'Home First' and the performance improvement as key shared metrics

2.0 Recommendations

- 2.1 The Council notes the progress to date and challenges faced by Adult Services.

3.0 Adult Services 2018

- 3.1 This report will be split into three areas: Commissioning; Operations and Learning Disability Provider Services.

3.2 Commissioning

- 3.3 Adult Social Care Commissioning has delivered new projects and developed operational practice during 2017, all promoting independence and all with a community focus. A robust vibrant provider market place is critical to the success of adult services and the development of a new relationship with our provider market place is necessary to support our transformation journey.
- 3.4 In developing new services and strategies we have therefore engaged with our market and others at the earliest opportunity, encouraging collaboration, new thinking and person-centred design. This has been welcomed as an approach by those such as Somerset Community Foundation and has

resulted in new services with alternative delivery models and less traditional provider solutions, as well as maximising third sector involvement.

3.5 Adult Social Care Commissioners have also been prominent leading the way in responding to the key health and social care system challenges – both local ones and national ones. Somerset should rightly be proud of SCC in leading to deliver targets on delayed transfers of care and helping the NHS through an unprecedented period of winter demand. This has not just ensured the delivery of targets but in doing so ensured Somerset residents have been able to return home at the earliest opportunity.

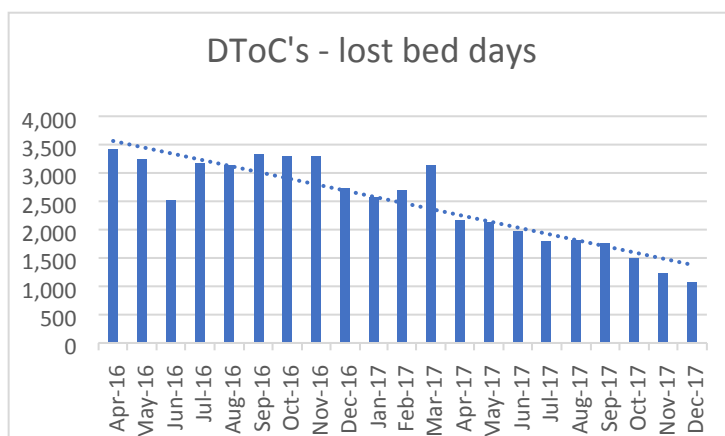
3.6 Since last year commissioners have reduced and stabilised price variations in our supplier market through a period of engagement and understanding of the market. This is particularly true in nursing and residential care where previous increasing fee levels have been reversed and providers are happy to work to our fee levels. This required operational robustness as well as many conversations with individual providers to help them understand the over supply issues in Somerset and the choice that we had of provision in this sector. This has been a critical piece of work contributing to the improved stabilisation of spend.

3.7 Commissioning Achievements

3.8 SCC commissioning has led the health and social care system response on delayed transfers of care, responding to the challenge laid down nationally and the new targets set by the additional Better Care Fund monies specifically for this purpose. Commissioners and operational colleagues have built up vital strategic relationships with our acute and community NHS colleagues and this has led to a true system response to the problem.

3.9 In September, we launched “Home First” – a Somerset ‘discharge to assess’ model – with the aim of returning more people straight home from hospital and increasing access to meaningful therapy led reablement across settings that improve people’s recovery outcomes. By having a bespoke, responsive new service we can get people out of hospital earlier which also has huge benefits and enables rather than disables. At the time of writing this service has already helped over 700 people get out of hospital an average of 5 days earlier than via traditional methods.

3.10 The impact of the system commitment can be seen clearly in the delayed transfer of care figures:



3.11 Since Home First start date:

- 3.12 In all other commissioning activity, we have utilised the direction of travel towards community based support, building on the successful work of Community Connect and helping Somerset Direct reshape their offer to provide solutions rather than referrals.
- 3.13 To this end we have extended the commissioning of the Village Agent scheme to now cover the whole County and are trialling approaches to linking agents to community health settings. In addition, we have recommissioned the Carers Support Service and this now incorporates carers agents working alongside village agents and in community settings to promote local solutions for carers as well as those that they care for. Carers Voice and its Commitment to Carers has gone from strength to strength and continues to provide profile and direction for local carers issues whilst influencing others to consider carers needs. They are well on their way to being a self-funded stand-alone organisation with a large sphere of influence and having a positive impact on carers rights and lives in Somerset.
- 3.14 To add to the community options, we have reconfigured our Mental Health spend to focus on prevention and wellbeing and have formally launched the new Mental Health Wellbeing Service (MHWS) which is an example of a diverse collaboration of third sector providers delivering a community based targeted support service. It aims to prevent crisis and link people to and create opportunities with their community to promote their wellbeing and raise awareness of the issues that they face. This service was formally launched in January with a launch event that was incredibly well supported and included councillor support and endorsement.
- 3.15 In Learning Disabilities, SCC continues to embed the social enterprise offering via Discovery. As with other LD providers in the county commissioners continue to engage to modernise the offering to those with LD and have introduced some new progressive providers to the market as well. The Reviewing to Improve Lives project has begun work with some of the more complex individuals and is looking to share the learning of different more empowering support options. The project has been challenging in terms of timescales, progress and outcomes and the Lead Commissioner continues to retain an active involvement in its future direction and markers of success.
- 3.16 Our accommodation strategy for supporting our growing elderly population has moved forward and again reflects the shift away from traditional residential and nursing homes to keeping people in their local area and at home wherever possible. To that end we are investing in new Extra Care Housing models in partnership with district council colleagues and reconfiguring the support offering to ensure that they can provide the right amount of care at the right time, to keep people in their chosen setting for as long as possible.

3.17 Commissioning Challenges

- 3.18 The main commissioning challenge is still to manage the unprecedented demand faced by the health and social care system. We are all aware this is a national picture and whilst the positive impact that our system working has demonstrated is to be welcomed, it does not mean that those challenges have been solved.
- 3.19 We continue to need to shape and influence the culture and approach of our providers, staff and partners. This is an ongoing process and we still have some very traditional approaches to care in Somerset, albeit there are now pockets of innovative practice emerging. To move from a very paternalistic system to one that promotes independence is a large shift and will continue to take time. We need all those who can to promote and influence this shift in the knowledge that outcomes for people are better as a result.
- 3.20 Whilst 'Home First' has shown impressive early impacts, the challenge is to evolve and embed it and most of all come up with a system wide sustainable funding stream for it. SCC have solely funded the additional costs and services in 2017-18 from the Improved Better Care Fund allocation but this funding is not recurrent. We are working with NHS partners to establish the future model secure required funding.
- 3.21 Capacity and staffing in social care provision will continue to be challenging particularly with the added draw of Hinkley work impacting the Bridgwater labour market. There are still some smaller rural areas where providing enough care is difficult and that is why we need to promote social care as a career as well as explore new models of support.
- 3.22 Our Learning Disability commissioned spend continues to be higher than the national and regional average and we must utilise the current review work to change this going forward and improve the offer to people with learning disabilities. The challenge is to deliver good quality, personalised services and a sustainable funding solution.
- 3.23 Somerset CCG has undergone many changes this year and are currently in the midst of a wholesale realignment and the development of a new Health and Care Strategy. Our challenge is to engage and influence this change and work in partnership to create collective goals and outcomes. To do this we need to continue to promote the move away from paternalistic clinical models and the shift to quality local, home based community services.

4.0 Operations

- 4.1 It has been an exciting year in operations where we continue to embed the 'Promoting Independence' model of support. This means that Adult Services in Somerset are beginning to work to support, promote and enhance strong communities in order that people can live their lives as successfully, safely and independently as possible. Maintaining independence makes people happier, healthier, and helps reduce the need for future services. We believe that people themselves are best placed to determine what help they need and what goals they wish to achieve.

4.2 This strategy sets out the 6 key areas of work we are concentrating our efforts on to achieve improved outcomes for those people we support, to better manage demand and to help us better understand the impact of our work and interventions:

1. Early help and prevention
2. Customer focus through the front door of the council and from acute hospitals
3. Effective short-term interventions for people from the community
4. Designing the care system for people with long-term care and support needs
5. Developing a workforce that promotes independence and community-led solutions
6. Governance and management arrangements to sustain improvements

4.3 Operational Achievements

4.4 To accomplish this, we have had to make sure we have got the right enablers in place to achieve our ambition. Over the year operational service restructuring has placed leadership skills at the heart of the change ensuring we have the right people to drive the service forward. Not only did we need these managers to have good leadership skills but we needed people that were ambitious, motivated, and believed and bought into the new ways of working. We now have a senior leadership team in place who are beginning to drive change using data and innovation to deliver adult social care that:-

- Maximising independence to support people to remain in their homes and communities, without formal social care support wherever possible
- Are changing the relationship with the public where we manage expectations and are realistic about what we can do and what we expect from individuals, families and communities
- Working differently with partners to support people to get the right level and type of support at the right time
- Asking staff to think and practice in new and different ways

4.5 Front door and triage

4.6 During the year we have developed an effective council front door that helps people find solutions to their problems and can demonstrate its impact in terms of diversions from formal care and the delivery of good outcomes. Somerset Direct resolves 70% of all calls at point of contact. These solutions vary from linking people into the local community via the use of community agents, signposting to activities in the local community, booking into an independent living centres to find equipment/technology solutions to aid independence, or booking into a community connect hubs. They will then pass the additional 30% of those calls through to our adult social care locality triage teams who ring back our customers within 24 hours either resolving the problem at that point or beginning a formal assessment process.

4.7 Locality teams

- 4.8 The locality teams have developed a vision with clear performance targets and are using data to drive change and evidence that the promoting independence model of care is being embedded and working. It is early days but we are beginning to see the green shoots of change. Waiting lists have reduced, the use of residential care for people over the age of 65 has reduced since August, the triage function and changing conversation is beginning to resolve issues by using community solutions, short-term interventions, and more timely assessments. One of the key enablers to the cultural change has been the development of peer forums, where multiagency staff including the community agents discuss community solutions and only use adult social care funding as part of the solution, when necessary. The success of this has enabled us to delegate budgets back to locality managers who are now accountable for the spend in their areas. They have successfully managed budgets within allocated spend. The adult social care budget excluding learning disability is projecting a balanced position.

4.9 Health interface service

- 4.10 During the year we have developed integrated teams in both the acute trusts. It must not be underestimated the amount of cultural change that has taken place this year. Our staff now attend hospital board rounds each morning challenging practice at all levels. We have introduced peer forums which has supported the cultural change and a better understanding that by promoting independence and supporting people to go home with no care or a short-term solution we get better outcomes for the patient. They are also challenging the risk averse nature of our staff teams. Our delayed transfers of care have dramatically improved over the year and we are now, even through the winter escalation, are hitting the national targets. Since September we have developed the "Home First" model of care support patients to discharge effectively back home with the right support.

4.11 Mental Health and AMHP services

- 4.12 Service has developed a clear vision and performance targets and recognises what a good mental health social care and AMPH service looks like. During the year we have developed a successful 24-hour AMHP hub which includes our adult emergency duty team. The recovery and independence model is based on a strengths-based approach and has been key to the successes of the service during the year. It is focused on what matters to the individual and their families and helps people to take control of their lives. The team has changed the balance of professionally qualified/non-qualified employees this has helped the development and use of communities to identify and provide sustainable local solutions to help people stay well and as independent as possible for as long as possible. The service works with people when they need support, promoting recovery and independence, and then 'let's go' enabling demand, capacity and resources to be managed effectively; this is evidenced in the flow through the service in the table below.
- 4.13 The 24-hour AMHP service provides mental health act assessments within four hours unless there is a clear clinical rationale for rescheduling the

assessments outside this time frame. This has been achieved in 96% of cases during the year to date.

4.14 Safeguarding team

4.15 Safeguarding remains an absolute priority for the service as a whole. As with other aspects of Adults Safeguarding has sought to ensure within its sphere the 'Promoting Independence' model maximises the role and influence individuals who are within the safeguarding process have. Initial feedback is starting to show positive impact on the experience people report as having.

4.16 During the year the team alongside Somerset Direct developed a triage system that enables members of the public, professionals and other organisations access to safeguarding information quickly and easily. It is meant that when a safeguarding referral reaches the team it can be dealt with promptly. This has enabled 95% of all pathway decisions during the year to have been responded to within two working days. The service has developed monthly performance data to monitor performance this data is compared with national and regional data trends and variants are beginning to be understood and explained. There is still more work to do on this. A new way of collating feedback about the service is being gathered from people who have been subject to a safeguarding enquiry and/or their significant others; this is being used to triangulate quantitative data and inform the service development planning. The service has also ensured that there is now a clear pathway for young people who are transitioning to adult services who also need protecting.

4.17 Key areas for improvement during the coming year

4.18 We now need to embed the changes described above across the service and continue to develop practice. Some of our workforce staff still need to change their way of working from the traditional model of doing for people to one of promoting independence. We need them to be more inquisitive about practice, to build and share ideas and solutions, and continue develop the leadership skills of our workforce. The continuing development of our relationships with our partners health, housing and communities is critical to our delivery model. We need to better describe and show how by the use of data, innovation system and cultural change is demonstrated and achieved. We need to develop our IT solutions to aid our workforce and we need to develop our assistive technology offer to our customers.