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 continue at both a nationally and local level face challenges in responding to funding pressures, increased need within our population, supporting a diverse and vibrant market place whilst responding to practice improvements.

1.2   I continue to be proud of the progress our services have made during the last year and I'm pleased to see the increasing recognition, locally, regionally and nationally of our achievements.

1.3   Having a clear strategy to 'Promote Independence' at all levels and across all our various partnerships is showing a positive impact on outcomes.

2.0   Recommendations

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

3.0   Adult Services 2018

3.1   This report will as in previous years be split into two areas:
Commissioning and Operations

3.2   Commissioning

3.3   Adult Social Care Commissioning has continued to lead practice improvement and service change during 2018. This has focused on connecting partners and the broader market to ensuring the strategy of a *'Promoting Independence'* approach with a community focus is delivered. 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 continues to support our transformation journey.

3.4   In developing strategy and service design we have encouraged collaboration, innovation, new thinking and person-centred design. Rather than fostering an aggressive, competitive, traditional procurement based environment with our market, we have instead focussed on how we work together and encourage

them to work differently and with each other and the voluntary sector. As part of this approach we have utilised very early market engagement events, encouraged providers to co-design services and removed barriers to new thinking.

3.5   Practical examples of this approach have come through in 2018. The new community-based carers support and the mental health wellbeing services have been fully embedded into the Adult Social Care offer, resulting in a diverse collaboration of third sector providers delivering community based targeted support services. We have at the same time strengthened our engagement and relationships with our traditional care provider market through setting up of regular dialogue events with their trade body, the Registered Care Provider Association (RCPA). Somerset County Council should rightly be proud of the leadership provided ensuring the delivery of targets on delayed transfers of care and the broader support to the NHS through an unprecedented period of winter demand. This 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   Recognising the importance of market sustainability commissioners undertook a Fair Price of Care exercise with our homecare and residential/nursing sector to agree new rates as well as ensure parity and transparency in fee levels. This resulted in a significant investment in the market of between 5 and 7.5% which was welcomed and has stabilised supply, as well as encouraged some new providers to join our frameworks. This investment represented through funds raised via the Adult Social Care precept and some of the new Better Care Fund monies.

Commissioners have continued to explore ways of working across health and social care in order for people to get a joined up and helpful response from the "system". The work on hospital discharge through 'Home First' continues to be successful despite challenging demand.

Social care commissioners have been engaged in influencing future models of health and care through the Fit for my Future work with the NHS.

3.7   Commissioning Achievements

3.8   SCC commissioning has continued to lead the health and social care system response on delayed transfers of care, through partnership working and the expansion of the Home First scheme. Whilst this was originally funded solely by SCC, we were successful on the basis of the results from the winter of 2017/18 to secure from our health partners investment in the work to ensure its continuation and this service is now 50/50 funded. Undoubtedly many of the benefits can be quantified by saved bed days and therefore fall within the health remit, however the benefits for people and their recovery and happiness are beyond quantifiable. People continue to be able to return home quicker, spend less time deconditioning in an acute hospital bed and more time regaining their independent life in their own home. This is a example of promoting Independence in practice across the health and care system.

DToC's - lost bed days
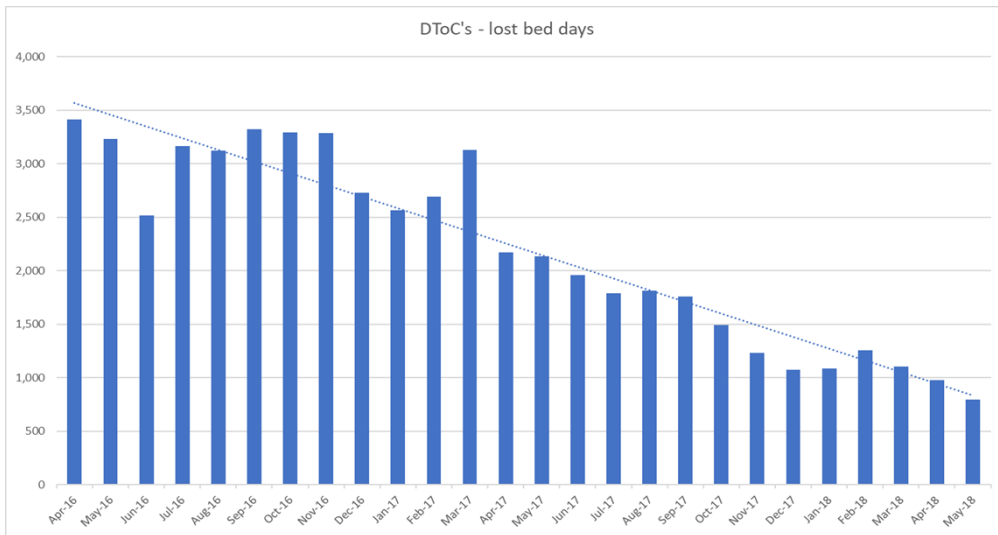
3.9 Quality

3.10 Somerset is fortunate to have a high-quality care provider market, and many well-established and effective mechanisms in place to both monitor and support local provision. Based on latest Care Quality Commission (CQC) published inspection outcomes as of November 2018, 91.7% of the 289 settings in the county inspected under the new, tougher regime were rated 'Good' or 'Outstanding'. This compares positively with the 83% of settings judged 'Good' or better nationally, exceeds the regional average and demonstrates a positive upward trend of 4% improvement each year for the past 3 years. As of November 2018, the county has no inadequate care provision a position we all should be proud of.

CQC Latest Active Ratings of Active Social Care Settings in Somerset (%)
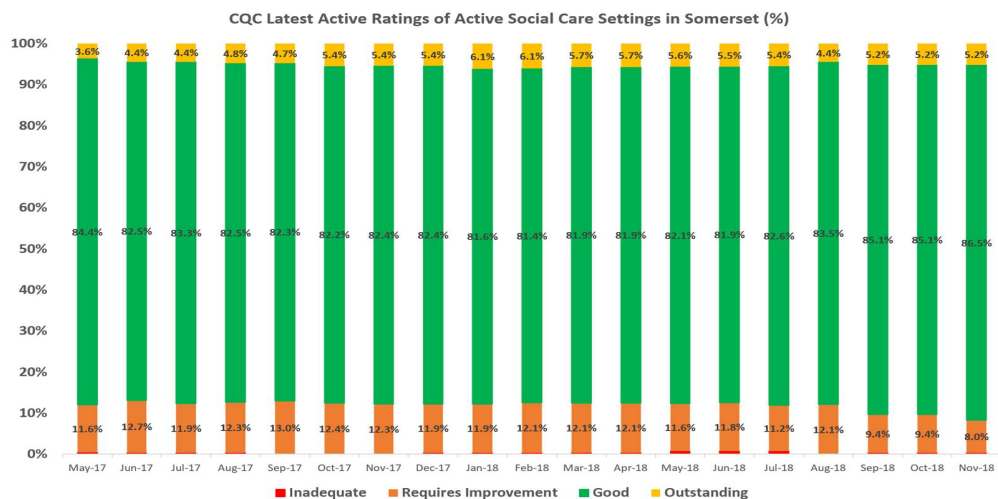
3.11 Adult Social Care commissioners and members of the quality assurance service actively engage with key partners, including the CQC and Somerset Clinical Commissioning Group (SCCG), to discuss and review provider concerns. The joint SCC/SCCG Commissioning and Quality Board, established in March 2017, has also proved very effective in monitoring struggling or poor quality care provision, and taking a more formal approach to collectively tackling quality concerns through the issue of rectification or final warning notices to address aspects requiring improvement. We also actively

support providers under our QIM (Quality Improvement meetings) process and contract reviewing activity.

3.12   The importance and impact of the expanded Community Agent scheme is growing incrementally year on year. This year we have commissioned further bespoke support for people in hospital and the agents are once again changing people's views on what is possible and on the pace that things can be achieved. These agents are vital to our rounded offer to individuals and are imparting their approach on our social care staff, providers and commissioners. To further cement the community offer we have also successfully overseen the continued expansion of the micro provider network. This has nurtured entrepreneurism and help get new ideas off the ground, exploring new ways of working and imaginative models of support to maximise the community and its resources, promote and support delivery of independent living. Key results show that it helps people to make their money go further and means local people are helping other local people. Micro providers now span the county in large numbers:
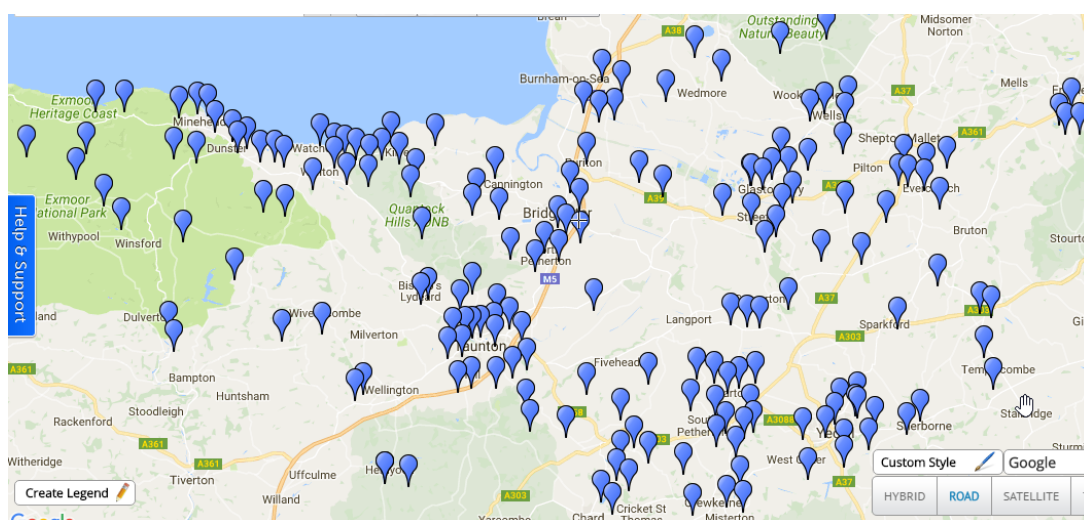
3.13   To add to the community options, we have reconfigured our Mental Health spend to focus on prevention and wellbeing and have formally launched the new Mental Health Wellbeing Service (MHWS) which is an example of a diverse collaboration of third sector providers delivering a community based targeted 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.

3.14   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 have invested in new Extra Care Housing models in partnership with district council colleagues and reconfigured 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. Sheltered Housing in Somerset has also been refocused, with housing providers delivering the "bricks and mortar" level of service, and community connect taking on a much greater role in providing an equitable and fair service for all

people, irrespective of tenure. Community connect are also much better placed to onward refer people and resolve issues quickly and efficiently.

3.15   Learning Disability services are steadily progressing, with the sector as a whole going through significant changes in commissioned activity, with a continued reduction on the reliance on residential care and an increase in people having their own homes and front doors, receiving care in their communities.

Particular success has been achieved in people within the "Transforming Care" cohort, with 6 people discharged out of hospitals into person centred, individualised support. An example of this would be RM who moved into her own home in Yeovil, she has had a number of admissions to hospitals over her life and was at acute risk of being admitted again. We worked in a different way with a trusted provider to develop a model of "Boutique Provision" which is expected to deliver much better outcomes, reduce the need for paid support over time and most importantly, people can have better lives. Prior to this RM was living, barricaded in a room, not going out and being fed through an open doorway.

3.16   In supporting her in a different way, RM is now accessing the community regularly, she trusts her staff team and her levels of behaviour and challenge has significantly reduced. RM is happy for her photo to be shared of her new life and wants people to know how happy people can be when supported well.

3.17   Day services are also going through a period of transformation, moving from campus style out of town industrial units, to more community focused, inclusive services that provide lifelong learning opportunities and meaningful day opportunities to people, to live independently as much as possible.

3.18   We are in the process of redesigning our offer to those people who have problems maintaining stable accommodation due to the complexity of their lives through suffering from mental health problems or drug and alcohol addictions. Rather than focussing on the accommodation element we are asking new providers to concentrate on the support that can be wrapped around the person

and encourage housing providers, district councils and private landlords to offer accommodation in the knowledge that the additional support is more comprehensive and progressive. This has been another example of a commissioning exercise carried out in partnership, not only with district and housing colleagues, but also has seen us join up with public health colleagues to offer a comprehensive service once for the person affected rather than separate interventions. So far, the approach has won significant support and we have multiple providers bidding in the current tender process. The award will come to Cabinet in December in order for a new service to start from April 2019.

3.19 <u>Commissioning Challenges</u>

3.20 The main commissioning challenge is managing the demands faced by the health and social care system. We are all are 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 all been solved. Adult Social Care needs to maintain its progress and direction of travel to meet the growth in population and need as well as support the overall SCC financial position.

3.21 Transformation of Learning Disability services, following the models outlined above with Adult Social care, is a key challenge yet to be fully delivered. 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.

3.22 Integration across health and social care continues to be a challenge. There are specific areas of success, such as Carers services and Home First, but it is not yet clear the form that changes prompted by the Fit for my Future work will take. Our aim will continue to be to make services seamless and wrapped around the individual regardless of organisational form whilst continuing to trial and push boundaries further where we can.

3.23 Commissioners will need to be able to clearly define to its market and citizens how Adult Social Care is evolving and steering coproduction of solutions accordingly. Whilst there is excellent work that has been introduced, now is the time to formalise the approaches, via a market position statement and all public facing communications so that it can fully understood articulated. This will help further drive behaviours within the market to support the ASC strategy.

4.0 <u>Operations</u>

4.1 This has also been an exciting year within the operational side of adult social care where we have imbedded in practice the 'Promoting Independence' model of support. Our focus has been to promote people's independence so that they can live more fulfilled enjoyable lives with strong links to their local community. Where people need support, we have made it as easy to access this to ensure people get the right support, at the right time and in the right place. This has meant working closely with local community groups, the voluntary sector, carers

and families. We have continued to improve how we manage demand at the front point of contact supporting more people to remain living in their own homes, finding local solutions supporting people to live independent lives. The type and level of support people have received and expect has adapted and changed either as their independence increases or where their needs change. We have continued to develop the conversations with our customers to describe how needs may be best met and to ensure that expectations are realistic

Connecting people with support and information they can access in their local communities and helping them to make the best use of their existing networks

4.2   Operational Achievements

4.3   Over the last year we have continued to embed a strength-based, asset-based model of delivery through a changed conversation our staff have with citizens. We now have a multi-faceted approach and a combination of tools that people use. The knock-on effect of this within local communities in conjunction with commissioned support, has meant that communities are now supporting themselves and offering and developing new solutions. This broader range of support assists communities to be more sustainable and reduces the demand on council funding whilst often delivering better outcomes for the individual and their families.

To do this we have made sure we have got the right enablers in place to achieve our ambition. Over the year operational service have become far more robust in using its data to deliver at pace whole system changes.

The service has in conjunction with colleagues in HR developed and implemented a leadership programme that over the year has supported the cultural and practice changes that we are now seeing. We have an ambitious, motivated, workforce that believe in and have bought into the new ways of working. We were pleased to see this positive change reflected in the latest feedback from the staff satisfaction survey. The leaders within this area are driving the change using data and innovation to deliver adult social care that-:

- Maximises independence to support people to remain in their homes and communities, without formal social care support wherever possible
- Is 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
- Works differently with partners to support people to get the right level and type of support at the right time
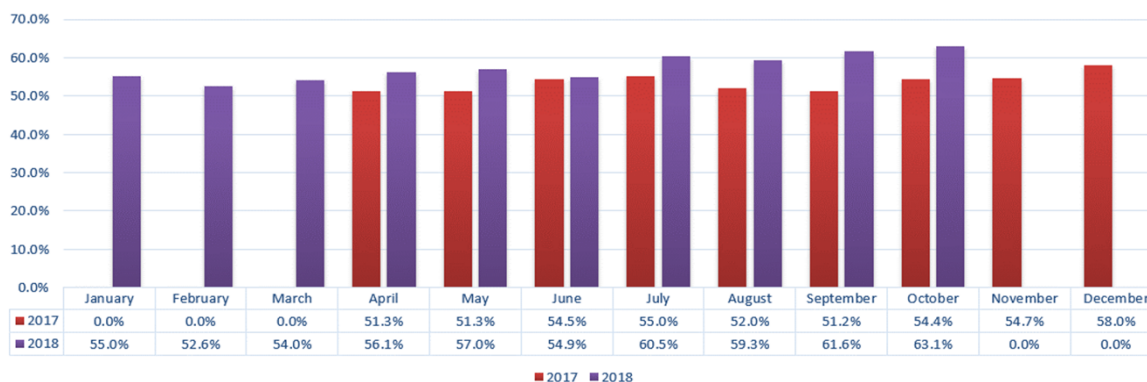- Asks staff to think and practice in new and different ways

4.4   Front door and triage

4.5   During the year we have continued to develop an effective council front door that helps people find solutions to their problems. It can demonstrate its impact in terms of diversions from formal care and the delivery of good outcomes. Somerset Direct resolves 60% of all calls at first point of contact. These are resolved in a variety of ways, 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 community connect hubs. This also reflects a really effective cross council working between Adult Social Care staff and Somerset Direct staff both focusing on delivering better outcomes.

4.6   Focus on Outcomes

- % Resolved at FPOC meeting target - 61.3% in September
- In September the highest day was 71% and 60% or over was reached on 13 out of 20 days

	January	February	March	April	May	June	July	August	September	October	November	December
2017	0.0%	0.0%	0.0%	51.3%	51.3%	54.5%	55.0%	52.0%	51.2%	54.4%	54.7%	58.0%
2018	55.0%	52.6%	54.0%	56.1%	57.0%	54.9%	60.5%	59.3%	61.6%	63.1%	0.0%	0.0%

4.7   Meeting the needs of individuals or 'Demand Management at Somerset Direct has been continuously improving and stable for the last 4 months and when compared to last year, demand has significantly reduced. This is something that we would expect now that we have better systems in place for example:
- fewer calls are abandoned
- fewer people are repeat calling

The type of demand has also changed with telephone calls reducing and email demand increasing as more professionals now actively encouraged the use of online referral.
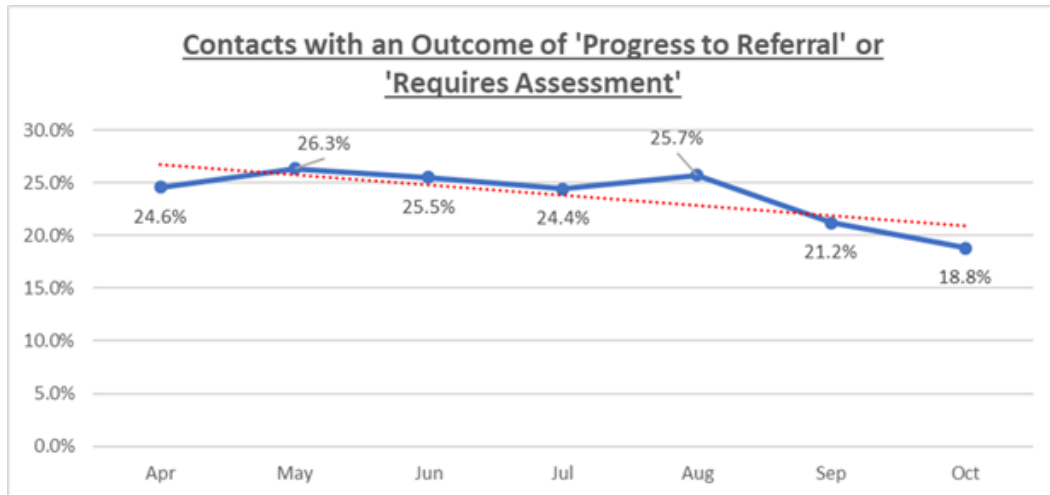
4.8   ASC Locality teams

4.9   The locality teams are now able to articulate the '***Promoting Independence'*** strategy and all have clear performance targets which they are using to drive change and evidence that the promoting independence model of support is being embedded and working.

4.10   The model has developed over the year so that we can better use our resources and understand the flow of work within the services. Improved flow of work means that staff are directed to the right pieces of work in a timely manner that enables the team to manage caseloads, respond to need faster, prevent possible crises and enhance the experience of service user.

4.11   We have continued to have a grip on overall spend. We have refined how we measure the work undertaken and how much results in a funded service, which supports commissioning and ensure that we are securing services for those most in need in a financially challenged environment. The converse to this is the ability to better identify where we are providing short term support or community options that enable needs to be met appropriately and in a way that promotes independence and continues to develop strong and supportive communities and networks.

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Contacts with an Outcome of 'Progress to Referral' or 'Requires Assessment'

Month	Value
Apr	24.6%
May	26.3%
Jun	25.5%
Jul	24.4%
Aug	25.7%
Sep	21.2%
Oct	18.8%

roportion of contacts requiring a full assessment – **decreasing** which shows we're supporting people earlier and in a more proportionate way,

Proportion of Contacts with Outcome of 'Triage Advice'

Month	Value
Aug	9.4%
Sept	19.8%
Oct	26.7%
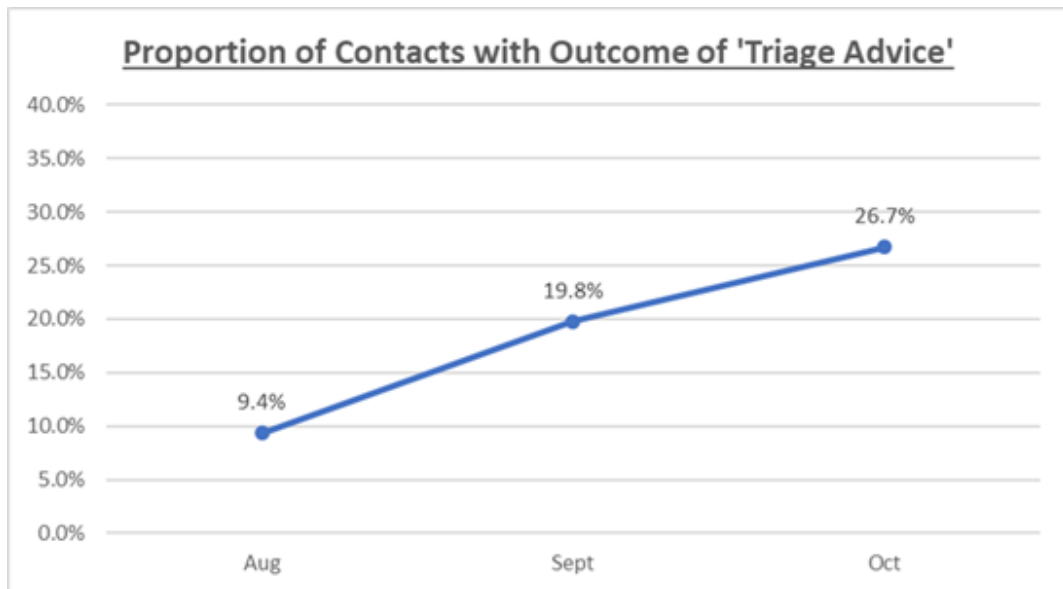
- Proportion of contacts resolved at Triage – **increasing** which demonstrates better flow – people aren't having to wait for a resolution.

4.12   Waiting lists have reduced dramatically, a strong assets based model of assessments and reviews have resulted in better outcomes for individuals and an expected reduction in the use of residential/nursing care for people under and over the age of 65.

4.13   Health Interface Service

4.14   During the year we have further developed the 'Home First' model of delivery with integrated teams across all acute services. It must not be underestimated the amount of cultural change that has taken place this year. Our delayed transfers of care have continued to improve. We have been working closely with Somerset Partnership to deliver a reablement model of support within

community hospitals. Multiagency peer forums have been developed in all community hospitals to aid this. Hospital Interface Services are using system data to support the asset based model of delivery. Community agents are supporting peer forums in the acute settings to aid discharge and link people back into their local communities.

4.15 Approved Mental Health Practitioner services (AMPH)

4.16 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.

4.17 Safeguarding Team

4.18 Safeguarding remains an absolute priority for the service as a whole. As with other part of the service Adults Safeguarding has sought to ensure within its delivery that a 'Promoting Independence' model is used, and influence individuals practice within the safeguarding process.

4.19 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. Meaning that when a safeguarding referral reaches the team it can be dealt with promptly. This has meant 95% of all pathway decisions during the year have been responded to within two working days. The service has developed monthly reporting to monitor performance. This data is compared with national and regional data trends. Variants are beginning to be understood and explained and actions put in place to rectify improve decisions.

4.20 An average 292 safeguarding contacts are received each month. 429 referrals have progressed to safeguarding since 01/04/2018, but only 36.7% were accepted as requiring a safeguarding response. There has been a marked improvement in number of s42 safeguarding enquiries completed within 60 working days.

4.21
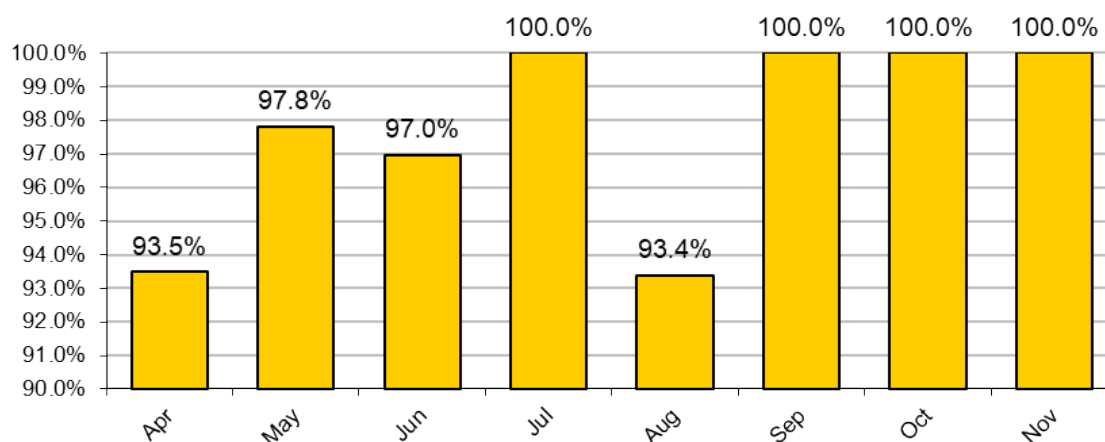
4.22 **Quality measures and Staff Audit**

4.23 There are a number of key quality tools that have been introduced over the year to measure the service and practice improvements The Practice Quality Review audit tool was introduced in April 2018. The tool was designed as a means of monitoring and evidencing the quality of practice in promoting independence and strengths-based approaches, and intended to engage frontline staff in constructive, reflective conversations alongside senior managers

4.24 Since April 2018, a total of 86 case audits have been issued, with 42 reviews audited and returned for analysis, giving an overall response rate of 49%.

4.25 Based on 11 audits completed and returned during August 2018 the analysis showed that for the month:

- o 73% (8) of submitted audits achieved a high assurance rating
- o 9% (1) fell within the reasonable assurance range
- o % (0) offered limited assurance
- o % (0) have very limited assurance ratings.
- o 18% (2) were not applicable overall as the audits were 'light touch' reviews

Whilst we recognise that the overall number is small each month more cases are audited and the evidence-based grows. This is an important method of monitoring and feeding back in practice valued by both practitioners and the broader service as a whole.

4.26 **Staff survey results**

4.27 The results from the most recent Staff Survey on Engagement painted a positive picture of progress across Adults Services over the last 12 months.

With a total of 172 staff across the service responding (a response rate of 42%) feedback suggests that staff feel confident with our strategic vision *'Promoting Independence'* and adopting person-centred approaches, are equipped to 'do it their way' feel they have the freedom and support to use their initiative and challenge the status quo, and are benefitting from approachable management.

Adult Services results also improved in the following areas:

- Having the freedom and opportunity to challenge the status quo (ASC up 14.8%)
- Reporting that managers in the organisation spend enough time working with them (ASC up 6.6%)
- Feeling proud to work for SCC (ASC up 6.7%)
- Understanding and knowing the Council's priorities (ASC up 11.3%)
- All working together to get the job done (ASC up 1.7%)

Positive comments from staff included staff feeling settled, welcomed and supported by managers into their new roles, having their ideas listened to and

put into practice, finding the work challenging but rewarding, feeling their work is valued and believing they are supported to do their best.

4.28   **Key areas for improvement during the coming year**

4.29   We now need to continue to embed the changes described above across the service and further develop practice. Some of our workforce staff still need to embrace the asset based outcome forced delivery model. We need to support our teams to continue to be inquisitive about practice, to build and share ideas and solutions, and continue to develop the leadership skills of our workforce. The continuing development of relationships with our partners Health, Housing and Communities is critical to our delivery model. We need to better describe and show by the use of data how innovation, system and cultural change is achieved. We need to continue to develop our IT solutions to help aid our workforce and also further develop our assistive technology offer to our customers.

5.0   **Managing Resources**

The council is well aware of the significant pressures on adult social care resources and the historical challenges faced locally. We are pleased that the 'Promotoing Independence' strategy is helping manage both increasing demand for services and the financial impact of that. Staff at every level within adults services understand the importance of living within our means and managers support practitioners to make the right decisions all contributing to good financial management.

5.1   The service will continue to manage robustly to deliver its contribution to the councils financial recovery.

6.   **Conclusion**

This has been another difficult challenging but extremely rewarding year within adult social care. I have both challenged and supported the service as it continues its improvement journey. I have been constantly impressed by the professionalism, dedication and commitment demonstrated by staff in the service and by both communities and providers all contributing to improving outcomes for vulnerable people.