

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

18 SEPTEMBER 2013

TELFORD & WREKIN COUNCIL UPDATE

REPORT OF THE DIRECTOR OF HEALTH, WELLBEING & CARE

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This report provides a summary of some key developments impacting on Adult Social Care, with particular reference to the findings of the recent Peer Challenge in Adult Social Care and the current financial pressures facing the service.

2. RECOMMENDATIONS

2.1 Board members note the findings of the Peer Challenge Team and the Council's response.

2.2 Board members note the financial challenges facing the Council and consider the impact they could have on the local health and social care system.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	Vulnerable Children & Adults Health and Wellbeing
	Will the proposals impact on specific groups of people?	
	Yes	Will impact on people who are ill or disabled, who need support and on their family carers
TARGET COMPLETION/DELIVERY DATE		
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The Care and Support Service Area faces significant financial challenges going forward. The Personalisation

		<p>Transformation Plan and the Financial Improvement Plan. are key to addressing these challenges and it is vital that the actions within these plans are delivered.</p> <p>The financial implications of any additional actions within these plans resulting from the Peer Challenge have not yet been assessed but will need to be met from within existing resources.</p> <p>The Service have sufficient one off resources to fund the additional staff required to deliver the Transformation Plan.</p>
LEGAL ISSUES	Yes	<p>As outlined in the body of the report, there are significant changes ahead in the field of Adult Social Care.</p> <p>The Care Bill was introduced into the House of Lords on 9th May 2013 The Bill is due to enter the Report Stage in the House of Lords on 9 October 2013 and will consolidate and modernise existing care and support law from over a dozen Acts into a single framework.</p> <p>The Bill and subsequent Statute, once it receives Royal Assent ,will be accompanied by relevant Statutory Instruments and Guidance.</p> <p>Legal advice and support upon specific issues can be either provided by or obtained by Legal Services upon request</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

- 4.1 Until 2010 Council's were subject to very intensive inspection and monitoring arrangements in respect of their commissioning and delivery of Adult Social Care responsibilities, set out by Government and led by the Care Quality Commission (CQC) on their behalf. Our last inspection was in 2010 when CQC rated the Council as performing "well" in safeguarding adults and performing "well" in supporting older people with "promising" capacity to improve.
- 4.2 Following lobbying from Council's and the Association of Directors of Adult Social Services (ADASS), Government agreed that the burden created by the inspection regime outweighed the benefits of the process and the system was abolished. This should not be confused with CQC's continuing responsibility to regulate and inspect registered care providers (residential & nursing homes, domiciliary care providers, etc) including our own in house provision.
- 4.3 However there was an expectation that ADASS would introduce a new system of self regulation based on a sector-led improvement approach. A local Peer Challenge programme has now been developed as part of sector-led improvement approach across the West Midlands region. It recognises that self-aware Councils will always want to improve and share expertise and experience whilst also looking for help and support in areas where they are less well developed.
- 4.4 Telford & Wrekin volunteered to be the pilot Local Authority for this approach in the region and therefore will be instrumental in shaping the format and content of future Peer Challenges.
- 4.5 The Peer Challenge team were on site for 3 days during the period 22-26 July 2013 and engaged with staff, managers, service users, carers, elected Members and partners. They were able to review documentary evidence around our performance, structures, processes and policies in advance as well as conducting interviews and group sessions whilst on site in Telford.
- 4.6 The key lines of enquiry which we asked the team to review were:
- **how well are we addressing our original principles and priorities relating to the introduction of Personalisation to underpin our approach to the delivery of community care services** particularly in the context of service user and carer experience, especially around choice and control
 - **the sustainability of our model** given the future opportunities and challenges presented by demographic and funding pressures, legislative change such as the Care Bill and the national cross-party 'integration' agenda

These areas were selected by T&W Council, as our own self-assessment had highlighted challenges in these areas and we

considered we would get best value from the Peer Challenge looking into these aspects specifically.

4.7 In summary they identified the following strengths:

- dedicated, hard working and loyal workforce
- real commitment from partners
- clear insight into challenges and issues
- Cabinet Member focused on budget strategy and need for transformation
- understanding of the financial challenges
- support for carers
- strong partnership working with the Clinical Commissioning Group (CCG)
- good basis of joint commissioning with the CCG which can be re-launched and extended
- robust safeguarding response to Winterbourne
- engagement with service users and carers
- innovative workforce development
- vibrant, well informed voluntary and community sector (VCS) - keen to be more involved
- commitment and potential for greater integration with NHS
- enablement integrated with Health
- hospital discharge processes are lean with good support
- budget strategy and efficiency plans in place
- significant level of efficiencies already achieved

4.8 They also stated, *“we have learnt from the process ourselves and we have really appreciated the opportunity to take away some good examples of care and support that we can share with our own Councils”*

4.9 However whilst the Peer Challenge Team identified these strong foundations to build on, they also identified that the:

- Personalisation journey had stalled and *“would benefit from a fundamental review”* and re-launch *“to develop the step change”* required
- *“That the sustainability of the budget strategy is predicated upon the transformation plans that need revision, and clear leadership to ensure delivery by the Council”*
- *“Co-production with people who use services and family carers is central to the success of personalisation and this should be exploited in developing further transformation plans*
- *“Challenges faced by the Directorate, like all Councils, are immense and there will need to be consistent and further leadership and support from senior Elected Members and the Corporate centre of the Council to assist the response to the challenges”*

4.10 In summary the following areas were set out for the Council to consider in moving forward:

- corporate visibility of adult social care
- stronger relationship between finance, performance and operational management
- whole system vision to underpin transformation programme
- dedicated transformation resource and expertise for budget and service redesign
- allow time for staff and managers to come together to learn, share and deliver the vision
- actions required on culture, performance and leadership
- re-launching choice and control and achieving/sustaining cultural shift
- further work needed on Resource Allocation System (RAS)
- approach to personalisation needs to be more creative and embedded
- implement new market development strategy - emphasise building community capacity
- signposting - single source, better recording in CareFirst, fuller role for VCS
- embed integration of teams and expertise
- focus on service user reviews
- use of common language

4.11 Unlike the former inspection regime there is no statutory requirement to publish the findings or consider them formally within a Council Committee. However the approach we have taken is in line with the Council's co-operative principles and the letter, with the agreement of our Cabinet Member, has already been shared with all who took part in the process, including our partner agencies, providers of care, voluntary organisations, etc.

4.12 Actions relating to the Challenge findings will be incorporated within the existing Personalisation Transformation Plan and the Financial Improvement Plan.

4.13 A series of team sessions are arranged during September and October to feed back the key messages to frontline staff and seek their views, suggestions and support to take this forward.

4.14 Key messages will also be fed back to stakeholders and partners during September and October through existing, established meetings.

4.15 Fundamental to delivering the personalisation agenda and in turn supporting our savings requirement will be the introduction of Personal Budgets for all service users in receipt of community care funding, calculated through a Resource Allocation System (RAS). This will ensure that there is a fair and equitable system in place so that people with the same level of need receive an equal level of resource which is sufficient to meet their eligible, unmet needs. The Council purchased

such a system last year, with Council approval, which we have been testing. We now need to move forward as soon as is practical to use it as an integral part of our community care process. Initially for all new cases and on a phased basis for all existing service users, as recommended by the Peer Challenge Team.

4.16 Use of a RAS will require a new Policy & Procedure (P&P) to be agreed by Council and we intend to bring a report for Cabinet approval in the near future. The report will need to set out:

- the overall budget available for meeting eligible community care need to allow the system to be calibrated to reflect this
- an implementation date from which all new people will be given a RAS generated indicative budget as the maximum amount of Council funding they can expect to receive once their personal budget is confirmed
- a transition process for existing service users where their RAS generated personal budget is significantly different to our existing expenditure on their care package.

4.17 The Peer Challenge highlighted the difficult financial situation facing both the Council and Adult Social Care. In fact since the Peer Challenge the financial pressures facing Adult Social Care have increased still further. Against a background of the Council receiving 33% less funding between 2010/11 and 2014/15, Adult Social Care has been expected to deliver it's proportion of savings. However given the current demands the service is projected to be heading for over £4m overspend by the end of this financial year. We are facing unprecedented demand for services as we support the health economy to meet the demands placed upon it to reduce hospital admissions and speed up discharge, which means that people with much higher needs are remaining in the community care system and the average cost per person is increasing.

4.18 The Council is therefore in the process of considering what actions it can take to to rectify this position. The pressure can be eased to some extent in year by the use of a small amount of one off funding and we believe there are savings to be made by reducing the unit price we pay for care. However given that during 2014-16 Adult Social Care has to make a further £6.5m saving we will have to start making significant reductions now in the amount of care we provide for people and reduce the number of people receiving support.

4.19 A further report will need to be brought back to the Board once a Financial Improvement Plan has been agreed within the Council to take account of the current projected overspend and savings required in the next two years. Inevitably this will be extremely challenging for our local whole system approach, our Health and Wellbeing Strategy and Health and Wellbeing Board.

5. PREVIOUS MINUTES

None

6. BACKGROUND PAPERS

None

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