

TELFORD & WREKIN COUNCIL

**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE – 16th
OCTOBER 2018**

ADULT SOCIAL CARE & COMMISSIONING IMPROVEMENT PLAN 2018/19

REPORT OF THE ASSISTANT DIRECTOR, ADULT SOCIAL CARE

1 Purpose

To enable the Health & Adult Social Care Scrutiny Committee to consider the management of the Adult Social Care Budget and Statutory Services

2 Recommendations

For the Committee to consider and agree any recommendations or further actions

3 Introduction

The Committee have asked that this report focusses on Older People in terms of budget, performance and activity.

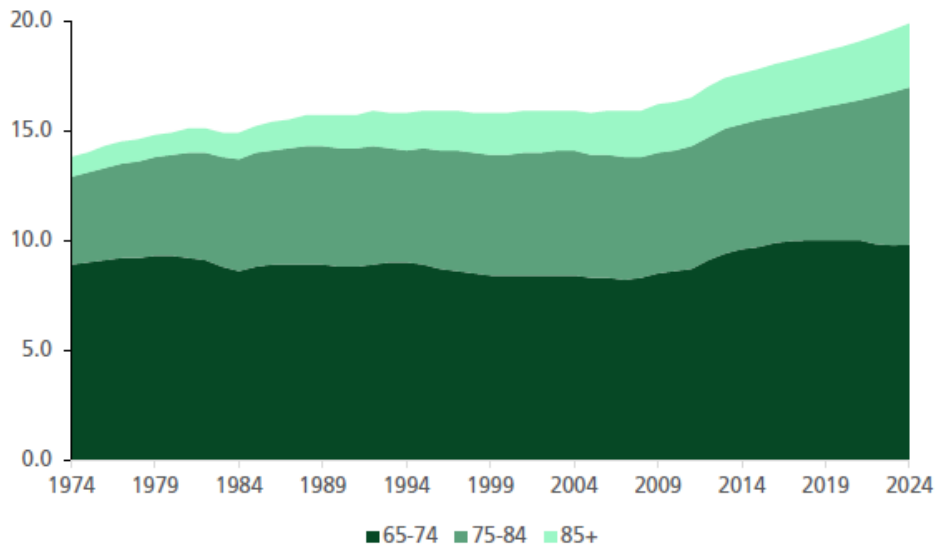
Adult Social Care is responding to the growing and changing needs and it is changing its approach to organising care and support by working more closely with health partners to better integrate and co-ordinate health and adult social care services. Our approach is so that people can be provided with the right combination of care in the right place at the right time. Our work is unpinned by changes to national legislation governing social care, in particular the Care Act 2014 that has brought new responsibilities including new eligibility for services, support for carers, new areas of work around information, advice, prevention, support for the care market and safeguarding. There are further impacts due to the significant funding pressures, the combination of a growing and ageing population, increasingly complex care needs, and reduction in central government funding and increases in care costs.

4 KEY INFORMATION

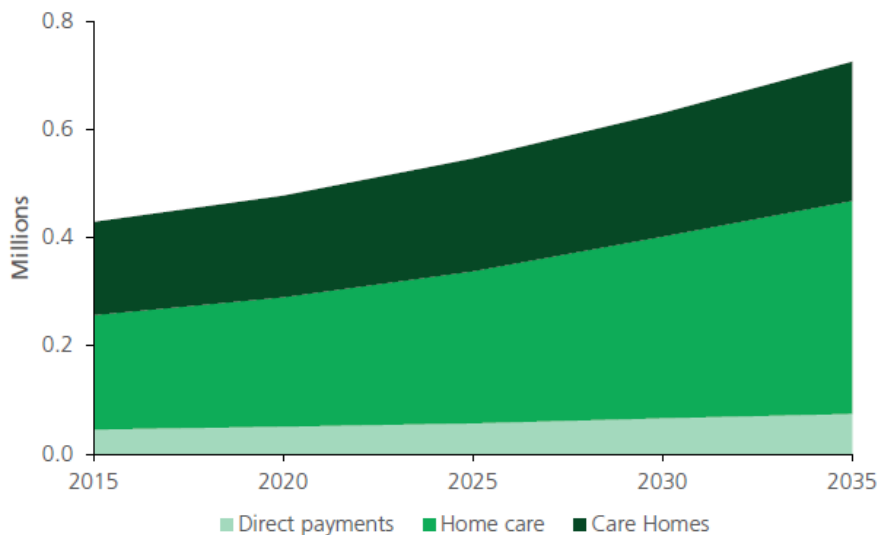
Demographic Pressures

The UK population is growing in size and more people are living longer. The demand for ASC is therefore rising as more adults with long term and multiple health conditions and disabilities are living longer. In particular, the number of adults aged 85 or over, the age group most likely to need care, is rising faster than the population as a whole. The overall adult population grew by 8% between 2005 and 2015 while the number aged 85 or over rose by 31% in the same period.

The below illustrates actual and projected (from 2015) percentage of the UK population at 65-74, 75-84 and 85+ since 1974. (Taken from ONS; ageing of the UK population and 2014 based population projections)



In terms of projections of future demand for social care, it is widely acknowledged that with an ageing population the pressure on social care funding will increase further in the longer term. The Personal Social Services Research (PSSR) has modelled projections of demand for long term care for older people and younger adults in England to 2035 and associated future expenditure. The PSSR estimates that the number of older people needing publicly funded social care could increase by 300,000 up to 2035, a 69% increase.



Telford & Wrekin's Changing Population – A profile of Older People in our Community – [Understanding Telford & Wrekin 2017](#). This document provides an overview of the population characteristics of Telford & Wrekin.

There are around 27,200 people aged over 65 living in Telford and Wrekin. The overall population of the borough is due to increase by around 23,300 people by 2031, and over half of this increase will be in the 65+ age group. The 65-84 age group is projected to increase from 25,800 to 34,400 (an extra 8,600 people, +33.1%) and the 85+ age group is projected to increase from 3,200 to 6,900 (an extra 3,700 people, +117.6%).

The proportion of people aged over 65 from a BME background is lower than the borough average and the England rate, around 4.2% (England 8.4%). There are around 12,313 households in the borough where all residents are aged 65+. Around 3,670 people aged 65+ provide unpaid care (15.2%), with around 1,600 of these reporting to provide over 50 hours per week of care.

In line with the rates in all age groups, people aged 65+ report higher levels of long term limiting illness or disability than the national average, around 56% of people (13,495 people). These rates increase with age, from 39% of people aged 65-69, to 86% of those aged 85+. It is estimated that around 700 people over 65 have severe depression and around 1,800 have dementia.

The life-expectancy at birth is significantly worse than England rates at 78.1 years for males (79.3 England) and 81.8 years for females (83.0 England). Levels of excess weight in adults are 71.1% and obesity 26.5%, both worse than England rates. 18.7% of residents aged 16 & over are binge drinkers and 28.5% of adults are inactive, both similar to England rates (all rates are for all-age adults).

Although hospital admission rates below are all-age (not specifically 65+), it is worth noting that hospital admissions rates for a number of causes are higher than England: For all ages, the Standardised Admissions Ratio of emergency admissions for all causes is worse than national. This ratio is also worse than national for Coronary Heart Disease, stroke, Myocardial Infarction (heart attack), Chronic Obstructive Pulmonary Disease (COPD), and intentional self-harm. The ratio is similar to national for hip fractures and alcohol attributable conditions.

As with all age groups, population, with around 18.1% (6,805 people) of older adults aged 60 & over living in income deprived households.

As our population grows older and young people with disabilities live longer there will be challenges and the changing age profile will have the single biggest impact on the development of local services as detailed below.

- Approx. 18,000 people provide unpaid care to a partner, family member or other person
- By 2031 there will be 41,300 people aged 65 and over living in Telford, this is an increase of 12,300 people (42.4%)
- Estimated that 10,400 people aged 65 and over live alone
- Approx. 2,400 of those have a severe disability
- Approx. 8,100 of people (aged 18-64) have a moderate physical disability
- Around 31,000 people report having a long term limiting illness
- Approx. 16,600 people are estimated to have a common mental health disorder
- 2,500 people aged 15-64 are estimated to have a learning disability
- The 85 plus population is expected to grow by 130% by 2031

Therefore, based on the information above, we need to move forward with services that would meet the needs of individuals, families and our communities by:

- Enable individuals and families within our communities to achieve their full potential and be safe from harm
- Target services at the most vulnerable and those in greatest need
- Integrate services more closely with the Health, Voluntary and Community Sectors in a way that supports independent living
- Be clear about what individuals, families and our community care expect
- Focus on finding different ways to do things rather than reduce or remove services
- Adopt an early help and prevention approach.

Cost Pressures

The 2015 Spending Review Submission by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) provided a detailed analysis of current and predicted future pressures on social care core costs, arising from inflation, the National Minimum Wage (NMW), the introduction of the National Living Wage (NLW) for workers aged 25 and above, Deprivation of Liberty Safeguards and the close of the Independent Living Fund.

For further information the LGA Green Paper for adult social care and wellbeing can be accessed here <https://futureofadultsocialcare.co.uk/the-green-paper/>

Our Performance, Operational Development & Continual Improvement

Given the above information, this is how we are managing the challenges in Telford & Wrekin Adult Social Care

1. We are focusing on providing early help and information in a range of different ways to enable people to plan their future and avoid early entry into the ASC system
2. We are supporting people to stay in their homes longer. We are moving away from residential care into supported accommodation and developing extra care schemes for older people and particularly those with dementia
3. We are focusing on building independence by using reablement
4. We are implementing a Strengths and Community Asset approach and striving to excellence in social work practice.
5. We have developed our 5 year plan strategic model.

1 Early Help and Prevention

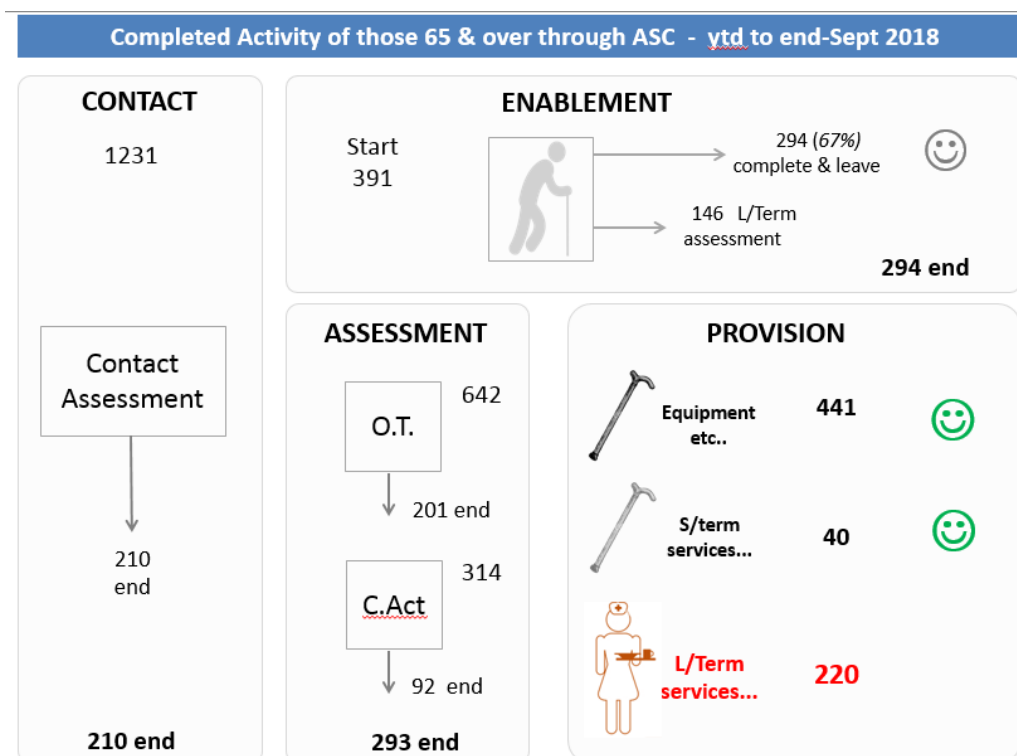
Given the population increases particularly around older people moving forward offering early help and advice to older people and their carers will be important.

We have recently with our work with NDTi, reviewed our customer pathway involving carers and experts by experience, staff and partners to make sure that the pathway is clear and seamless for the public. Linked to this we are currently reviewing the Information, Advice and Guidance contract currently provided by My Choice to ensure that it fits with this vision.

It is critical to ensure that those who contact Adult Social Care receive a quick response to their enquiry and the right information and intervention at the right time for them. The survey currently been undertaken by Scrutiny & Health watch will further inform this work. In addition to this we have reviewed our internal telephone response within all our teams, to ensure our response is quick to all enquires received and have shared the new guidance with all staff. This particular issue was highlighted by the Making it Real Board, who have advised us on best practice.

To help us to make further improvements we have also developed a simple feedback form which will be given to all clients in receipt of services to complete and return to us following any visits/assessments we undertake. For more information the form can be accessed here [Feedback Form](#)

For this financial year to the end of September we have received 1231 for 65 years old and over Contacts, of which 210 ended at first point with information and advice offered. We had 391 that went through to enablement services of which 300 left enablement services after a short term intervention and 150 went on to receive long term services. During this time we completed 642 OT assessments of which 201 ended at this point and 314 Care Act Assessments, of which 92 ended with no further input resulting in 293 did not go onto service provision. We have had 441 that were offered equipment and 40 had short term services. This shows that only 220 from the initial contacts of 1231 went on to receive long terms services.



2 Supporting People to staying in their Home

Given the population challenges and the known likely increase in the numbers of people with dementia, it is important that we have a range of care and support to meet these needs.

Our Dementia developments include:

- [Telford & Wrekin Dementia Strategy 2016-2020](#) – this sets our vision for people living with Dementia and their carers to be achieved by 2020 and how we will make it happen
- [A Guide to Dementia Care in Telford & Wrekin](#) – this sets out what to do when a person is concerned about their memory and where and how to seek help
- There is a move to ensure Telford & Wrekin is Dementia Friendly: Currently Newport has made contact with over 130 businesses who have received support to be Dementia Aware. Other locations across Telford are being sought. The T&W Dementia Alliance who has a range of local partners (which the LA, Carers Centre and Alzheimer’s Society) are pursuing this ambition. In addition the Council has become a Carer Friendly Employer and is working over the coming months to promote their commitment of being a Carer Friendly Employer through the signing of a local pledge. With the population 3 in 5 people are carers, we are keen to support carers to have a ‘career’ as well as care for a family member or friend.
- Bi –monthly meeting of the Health Economy Steering Group (Dementia) which is co-chaired with SPiC and people with lived experience. This brings together good practice and development and monitors the Dementia Strategy Action Plan
- We have invested in 3 specialist Admiral Nurses, who support carers and families of those living with Dementia.
- Dementia companions are available in some local GP practices and support the person with Dementia along with the carer during the duration of their dementia journey

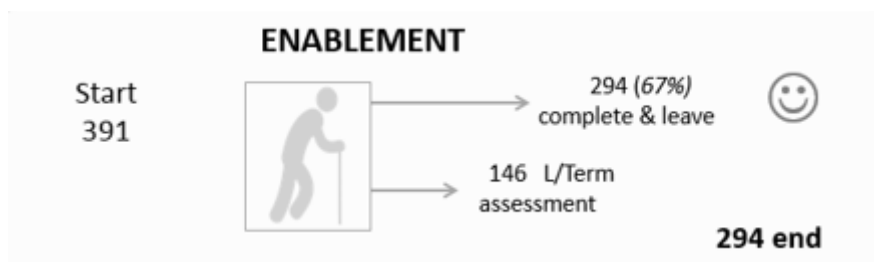
We have around 40 domiciliary care providers registered with us to provide services and just under half are regular providers of care right across the borough. Providers will register an interest but may not always have capacity or even a local footprint to be able to mobilise carers. There are challenges with the marketplace especially around providers being able to recruit and retain quality carers this is in part due low unemployment in the borough and competition for staff with hospitality and retail businesses.

Sufficiency has been particularly challenging since the end of last winter when one of the larger Providers in Borough took a decision to leave the area citing our low fee rate as a contributory factor, while another suffered quality issues due to taking on too much Care. This reduction in supply showed the true level of fragility of the Domiciliary Care market as remaining providers have not been able to offer carers to deal with the increasing level of demand since then.

To help us get back to having good sufficiency, we have been working very closely with Shropshire Partners In Care, Skills for Care and Providers around different ways of upskilling and training staff to make care, as a profession, be more attractive. We have looked at procuring and brokering care base around zones which will reduce the amount of travel and gaps in delivery of Care, while also giving successful Bidders guaranteed volumes of business for periods fixed within smaller areas. Our next Provider Forum takes place on Friday 19th October and this piece of work will be further explored with those Providers attending. We expect to see zoned contracts awarded in the Spring of 2019 and new arrangements fully operational ahead of the Summer break.

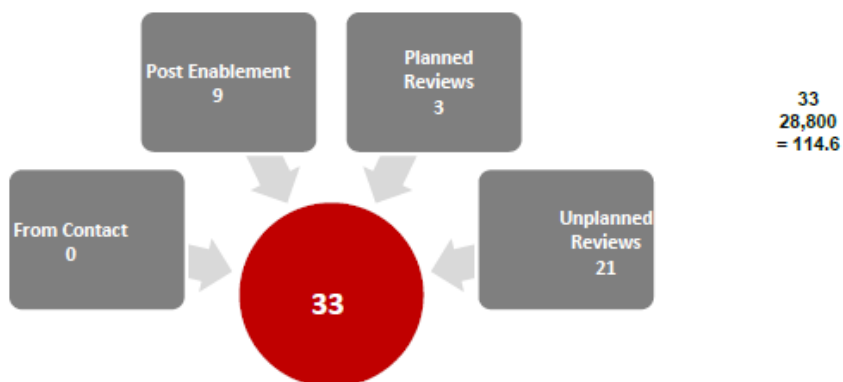
3 Building Independence by using Reablement

Reablement is an important part of enabling older people to maximise their independence. Performance information shows we continue to offer more enablement (32% more than last year) in Telford and that this has increasingly positive impact on people’s ability to maintain their independence and not require longer term support. The below highlights that out of 391 reablement support provided, 67% left the service at this stage and 146 went to have further enablement and/or Care Act Assessment.



Our performance continues to show we are supporting more people to remain in their own homes. This is highlighted in the national targets as shown below.

2A(2) - Long Term Support Needs Met by Admission to Residential and Nursing Care Per 100,000 Population (65+)



Previous Performance	2014-15	2015-16	2016-17	2017-18
Telford & Wrekin	701.3	474.3	382.4	334.6
National	668.8	628.2	610.7	

Our progress on accommodation for older people

An increasing number of people who need residential care need specialist support for people with dementia as can be seen in the finance data below. We are working with partners including Midlands Partnership Foundation Trust (MPFT), to ensure we have integrated pathways of care for people with dementia to help people stay at home as long as possible with partners such as MPFT.

We can generally meet demand for care home provision at the moment but will need more complex care provision in coming years as the trajectory shows an increase in people living longer with increase psychological and physical need. These people may be self-funders or come through the council's assessment process.

The new developments coming soon are:

- 66 bed residential and nursing home in Lawley. Managed by Walden Care, this is due to open early 2019. We are working closely with the Provider so that we can ensure their business model supports our need when they open.
- Rotherwood Care, who run St Georges Park and Roden Hall, are opening a new 60 bed residential and nursing home adjacent to Roden Hall. This will be a 45 beds home and is due to open in April 2019

These 2 developments will increase the number of beds in the borough by 81. It important to note that both providers will aim to fill a percentage of their beds with self-funding residents.

We now have a Specialist Accommodation Programme running that is looking to ensure we have suitable housing availability not only for our adults with disabilities but our older people too so resident of the borough can have a home of life. We are looking at an increase in the Extra Care provision which again will support people living independently in their own home but with the peace of mind that core support is not far away. Part of this will include specialist dementia extra care provision to help people remain in their own home for longer and avoid a move to residential care as we know (figures above) dementia will affect a growing number people.

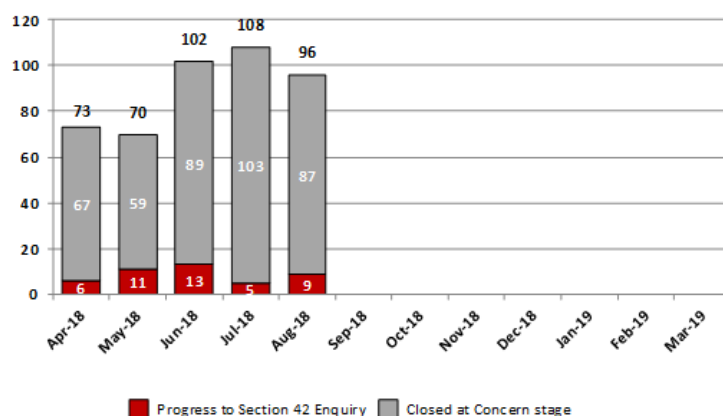
Prospective providers and investors are looking at our Market Position Statement (MPS) online and contacting us for further discussions before they start their business plans, which is helpful. Colleagues in the planning team are also signposting to the MPS so we can ensure that we are getting the right supply to meet the need

Safeguarding

We have re-organised our service to have a specialist team with specific skills and competences to respond to Section 42 enquiries under the Care Act 2014. Having a Specialist team enables a consistent approach to adult safeguarding. The safeguarding team also supports quality of practice across adult social care to ensure that our qualified workforce have the skills to respond to assessments of capacity and best interest decision making.

Our Safeguarding Concerns completed have increased to 405 received from last year's figure of 361. However, we have less people going through to the next stage of a Section 42 Enquiry. This time last year we had 85 people moving to a S42 enquiry and this year the number has dropped to 44.

We report our safeguarding performance regularly to the Safeguarding Adult Board and this month we will report in detail our progress on Making Safeguarding Personal



	Month-on-month		Year to date		
	Jul-18	Aug-18	2017-18	2018-19	
Closed at Concern stage	103	87	361	405	↑
Progress to Section 42 Enquiry	5	9	85	44	↓

4 Strengths and Community Asset Approach Making it Real Board

We have made excellent progress with the Making it Real Board and co-produced the ASC Charter alongside our Vision and Priorities. We have now up-dated the Think Local, Act Personal (TLAP) website with the top 3 priorities identified by the Board to work on and the draft Action Plan to monitor progress. By doing this we have received the TLAP Kite Mark pledging our commitment towards Personalisation.

The Making it Real Board members also contributed to a customer journey workshop with NDTi to ensure that all processes focus upon the individual being at the centre of their care and support needs (see above illustration)

Our Adult Social Care Charter

- We will always promote independence
- We will listen with empathy and understanding
- You will know who to contact and we will always get back to you
- Our conversations will be honest and personal to you we won't just tick boxes
- We will respect your decisions and be honest and open

Examples of Operational Practice

Example of having different conversations at Assessment:

X was referred to us from the Memory Service, who felt that X required a support package daily, to support with medication, making meals and taking out in the community. There was also concerns around X and her husband's memory and capacity to prepare meals for X due to her dysphagia. On assessment, it was clear that X's husband did have capacity to prepare his wife's meals appropriately. To ensure transparency I asked the husband to keep a 3 week dairy of food he had prepared for this wife, this also enabled me to ensure that he was preparing the right types of food for X. I made a referral to Wellbeing to request Pivotal to support X to be independent with medication. This helped and preventing a carer's visit to administer medication. I also highlighted that medication was a medical need so that the Memory Service could fund this, this was agreed with a care package twice daily for 15 minutes to administer X's medication funded by the Memory Service. I also made a referral to Age UK for the befriending service to support X to access community support enabling X to go out to socialise and avoid loneliness. The Age UK Help at Home Service also provide support with cleaning and domestic tasks.

Assistive Technology

"The Gator watch is proving a godsend! A couple of times Helen has wandered off up the drive whilst we were gardening, and on both occasions I could track where she was and had been, so I could meet her and bring her back. She wears it when we go out, and gives peace of mind there won't be a repeat as when we had to involve the police to find her!"

It is estimated that cost avoidance for the above example is approximately £5k per year as the individual would have needed care and support during the week from a commissioned care and support service.

- Client A – night time ‘on call’ has been removed and replaced by community alarm, saving a £100 per week
- Client B – replaced half an hour call with portable pill reminder, saving £2,537 per year
- Client C – replaced half an hour call with reminder clock, saving £2,537 per year

Occupational Therapy

- Client A - Property has now had adaptations- doors widened to allow this person to be able to remain in her own home safely. Following hospital admission she is now practicing with a gutter frame with support from Physiotherapy. Equipment provided- hospital profiling bed, shower chair, doors widened, and rise and recline chair.
- Client B - Received 1 carer for the morning however is now independent
- Client C - Gentleman previously at cottage care, returned home with no support, independent, (Equipment, A.T, community participation).
- Client D - Care agency reported that this gentleman required 2 carers however following observation of transfers and tasks carers carry out he requires 1 carer.

Continuing Health Care (CHC)

- Client A – Older person in EMI Nursing Care whose dementia presented some considerable challenges and required constant 1:1 support. With this level of need the Continuing Health Care process was applied and the threshold was met given the complexity of need. This person now receives the NHS fully funded support and doesn't contribute towards their care costs. This was also reduced cost to the Council of £145k a year.

5 FINANCIAL/VALUE FOR MONEY IMPACT – Our 5 year Strategic Model

The overall **net budgeted** spend on Adult Social Care is £42.414m (for 2018/19) which is 39% of the overall net council budget (source RA form).

Period 4 (July)

Projected 2018/19 net expenditure based on information to the end of P4 (July 2018) is £42.9m against the budget of £42.4m the overall projected variance being £0.5m. However, the pressure on budgets set for purchasing care at period 4 to be c.£900k for 2018/19.

Table 1 Older people 65+				
	18/19 Budget at P4	18/19 Actual at P4	18/19 Projections at P4	18/19 Variance at P4
Purchasing Spot Care:				
Over 65's - Residential Care	4,743,892	1,599,191	4,527,967	(215,925)
Over 65's - Nursing Care	5,479,552	2,012,422	5,439,464	(40,088)
Over 65's - Direct Payments	1,079,009	314,024	759,745	(319,264)
Over 65's - Respite	936,400	37,586	590,000	(346,400)
Over 65's - Homecare	5,266,011	1,222,334	5,794,818	528,807
Over 65's - Daycare	179,480	12,277	163,958	(15,522)
Shared Lives			(43,001)	(43,001)
Over 65s	17,684,344	5,197,834	17,232,951	(451,393)

In addition to the spot purchasing of care in the table above, there is care purchased through block provision for the 65+ age group. The total budget in 2018/19 for block contracts for OP is £3.41m, therefore the total budgeted spend for this financial year is £21.1m being around 42% of the gross budgeted expenditure on all care provision (excludes Social Work teams etc)

Older People Numbers of People

This table confirms the number of clients in receipt of care and support services in the Older People's category. This details the original estimated numbers for 2018/19 (pink column) and the new targets set for 2018/19 (blue column).

		17/18 Client No	18/19 Original Model Client No	18/19 Revised Model Client No(based Period 4)	19/20 Forecast Client No
OP	Residential	83	89	87	86
OP	Residential EMI	97	86	82	82
OP	Nursing	78	102	89	90
OP	Nursing EMI	84	56	54	55
OP	Homecare				
OP	Direct payments	47	57	43	43
OP	Total	389	390	355	356

The 2 tables below report the average unit costs and activity (units of care purchased i.e. beds days or hours related to the numbers above) for Older People for 2018/19 and the estimates currently being used to model 2019/20 budget requirement.

Older People Activity

Row Labels	Sum of 17/18 Days/Hours	Sum of 18/19 Original Model NET Days/Hours	Sum of 18/19 Revised Model NET Days/Hours	Sum of 19/20 Forecast NET Days/Hours
OP	495,574	492,400	526,952	488,255
Direct payments	20,198	20,714	15,677	15,677
Homecare	347,884	350,400	396,187	358,220
Nursing	36,044	37,102	32,933	32,933
Nursing EMI	23,409	20,436	20,077	20,077
Residential	34,397	32,404	31,767	31,402
Residential EMI	33,642	31,345	30,311	29,946
PSD	136,710	153,314	140,774	168,409

Older People Rates

Row Labels	Average of 17/18 Rate	Average of 18/19 Original Model Rate	Average of 18/19 Forecast Period 4 rate	Average of 19/20 Forecast Rate(2% added-PSD £16)
OP	464.99	462.41	473.20	482.67
Direct payments	366.85	364.64	344.44	351.33
Homecare	14.21	14.81	14.63	14.91
Nursing	647.37	640.00	683.24	696.90
Nursing EMI	761.95	715.00	775.68	791.20
Residential	487.65	575.00	509.17	519.36
Residential EMI	511.90	465.00	512.05	522.29

6 LEGAL ISSUES/DEBT RECOVERY

We are working closely with colleagues in Revenues and Legal to recover client contribution debt where appropriate. This involves working with family representatives and/or their legal representations.

Examples of cases we are dealing with

- Client passed away and there is a dispute over exactly what care was delivered. Our legal team are working with the decease's family solicitor to recover debt of £82k
- The debt is secured against the property which is now up for sale and debt will be recovered through the Deferred Payment Arrangement in place of £67k
- Client passed away. This is a sensitive case as Executor was previously suspected of mishandling funds. Approx. £85k in estate therefore, Revenues have requested advice from our legal solicitor if Executors were not forthcoming.

Report Prepared by:

Sarah Dillon, AD, ASC

Tracey Smart, SDM, Finance

Jonathan Eatough, AD, Governance, Procurement & Commissioning