

Report to: **ADULT SOCIAL CARE AND HEALTH
SCRUTINY COMMITTEE**

Relevant Officer: Karen Smith, Director of Adult Services

Date of Meeting: 11 July 2018

ADULT SERVICES OVERVIEW REPORT

1.0 Purpose of the report:

1.1 This report provides an update on the current status and developments in Adult Social Care.

2.0 Recommendation(s):

2.1 To comment upon progress being made, propose potential improvements and highlight any areas for further scrutiny, which will be reported back as appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of these areas of work.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered: None

4.0 Council Priority:

4.1 The relevant Council Priority is "Communities: Creating stronger communities and increasing resilience".

5.0 Background information

5.1 Adult Care and Support

5.1.1 The demand for Social Care provision increased over the winter period, which is typical although the demands this past winter were particularly high across the whole health and social care system, which created difficulties in the management of the volume and flow of people requiring both medical and social care interventions.

5.1.2 The demand and volume of people requiring social care provision has remained high after the winter period and the reduction anticipated as winter has passed is not evident; indeed over

the Christmas period Blackpool had 'no queue for care' for a significant period of time, however currently we do have a 'queue for care' albeit relatively small compared to other areas due to the additional investment into the Council's In House provision.

- 5.1.3 In response to some of the market challenges across the social care sector the Council took the decision to invest a proportion of the IBCF (Improved Better Care Fund) allocation into the development of the In-house Homecare Service to deliver different models of care provision and to increase capacity to meet demand at that time with a focus on preventing hospital admissions and enhancing hospital discharges to reduce the length of stay of people in hospital (DToC - Delayed Transfers of Care).
- 5.1.4 The additional IBCF investment was equivalent to an extra 1,100 care hours per week however this additional capacity has been used as demand has continued to increase and although the different models of care delivery are having positive impacts in terms of preventing hospital admissions and enhancing hospital discharges, we are not experiencing a reduction in demand for social care provision as a whole. The IBCF funding ends in March 2020 and there is a risk that the extra 1,100 care hours per week will be taken out of the system unless alternative funding is secured and/or new ways of meeting demand are understood. This forms part of our dialogue with Blackpool Clinical Commissioning Group (BCCG) and other Health partners, as well as featuring in our Care at Home re-tender exercise.

The table below illustrates the current level of:

Volume, Demand and Capacity across the In House Homecare Service:

Social Care Provision Type	Total Number of Hours Delivered	Number of New Referrals (Sample week)	Total Hours for New Referrals (Sample week)	Comments
Rapid Response, Blue Light, Urgent Care	127	12	92	Urgent care requested to maintain someone at home (Health related conditions)
Reablement	681	18	118	To prevent admissions to hospital/residential care and support hospital discharges
Care at Home	274	0	0	Maintain people at home to prevent admission to residential care and provide market resilience provision where other providers are not able to pick up packages of care
Residential intermediate Care Discharge Support	27	0	N/A	Support discharges from residential intermediate care service to support flow of patients
Palliative Care	217	0	0	End of Life specialist care at home to prevent admission to hospital/care home
Home's Best	480	8	54	Support people to 'get back on track' to prevent hospital admission and to enhance hospital discharges
Primary Night Care	232	0	0	Provision of overnight care through a combination of short visits and full overnight cover
Total	2038	38	264	1,100 of these hours is funded through IBCF which is due to end March 2020 (<i>Maximum capacity in service for provision 2,051 hours per week</i>)

Queue For Care (at a single point in time)

Provision Type	Number of Referrals	Number of Hours	Comments
Reablement (In House)	7	147	5 x referrals to support hospital discharges and 1 x preventing admission to hospital/care home
Home's Best (In House)	2	56	Support someone to remain at home and prevent admission to hospital/care home
Care at Home	30	258	Packages of Care waiting to be picked up by care providers as and when capacity allows
Total	39	461	A total of 461 care hours required from the social care system and little capacity to meet this demand

Significant variation occurs in these numbers as people move in and out of the system.

5.2 Commissioning and Quality Monitoring Update

5.2.1 Residential - Comparative Care Quality Commission (CQC) Ratings at 01.05.2018

Blackpool's contracted Residential and Nursing provision continues to compare favourably with homes in the North West and nationally.

	Blackpool	Blackpool	North West	North West	National	National
	Number	%	Number	%	Number	%
Outstanding	5	7.58%	28	1.57%	350	2.35%
Good	52	78.79%	1297	72.70%	11442	76.94%
Requires Improvement	8	12.12%	399	22.37%	2813	18.92%
Inadequate	1	1.52%	60	3.36%	266	1.79%
	66	100.00%	1784	100.00%	14871	100.00%

A North Shore Nursing Home has received a letter from Ruth Holt (Director Of Nursing/ Independent Care Sector Regional Lead – NHS England) to congratulate them on achieving an 'Outstanding' rating following a recent CQC inspection.

This brings the number of Outstanding Residential and Nursing providers in Blackpool to five.

5.2.2 Care At Home Comparative CQC Ratings at 01.05.2018

Blackpool's contracted Care At Home provision continues to compare favourably with those in the North West and Nationally.

	Blackpool	Blackpool	North West	North West	National	National
	Number	%	Number	%	Number	%
Outstanding	0	0.00%	22	2.66%	187	2.74%
Good	20	95.24%	677	81.86%	5602	82.12%
Requires Improvement	1	4.76%	120	14.51%	973	14.26%
Inadequate	0	0.00%	8	0.97%	60	0.88%
	21	100.00%	827	100.00%	6822	100.00%

5.2.3 Care at Home Retendering

5.2.4 The contracts with our Care at Home providers are in place until the end of March 2019. The Council and BCCG are developing a common approach to commissioning Care at Home services across Blackpool. The commissioning team is currently working on the development of the new specification. The key developments for this piece of work include:

- A joint procurement exercise with BCCG
- Based on a single specification for use across both organisations
- A single fee rate, and continuation of the existing integrated performance monitoring function
- A zoned approach to the service delivery to minimise travel time for carers
- Incorporation of the Ethical Care Charter and Social Value specific to the delivery of a care at home services
- Recommendations in respect of the Oldland case
- Stakeholder involvement in the development of the Model and Service User involvement in tender evaluation

5.2.5 The revised approach aims to support and enable people to develop their potential, maintain their health and independence and improve their quality of life. One of the key priorities is commissioning for a rapid and real improvement in home care services across Blackpool. The Council's vision is of a model of ethical home care supporting sector wide improvements; which include taking active steps to tackle difficult issues such as staff recruitment and retention.

5.2.6 In February 2018, approximately sixty senior care provider representatives, Council and BCCG staff including Social Work Managers and fieldwork staff attended a care model design event hosted by Commissioners, the Director of Adult Services and Cllr Cross at the Winter Gardens. The aim of the consultation event was to shape and inform development of the new contract

and service specification for Blackpool. Provider representatives were also invited to a subsequent design update session at the Grange in May 2018.

5.2.7 Tender preparations are now well underway and a service specification has been drafted that will require bidders to commit to delivering on the three stages of Unison's Ethical Care Charter; which aims to reform care sector terms and conditions and raise quality standards across the local market. The care sector has some long-standing difficulties in attracting good quality applicants for staffing vacancies. However, Commissioners are optimistic that improved terms and conditions (as described in the Ethical Care Charter) should help raise the quality of care provision, recruitment and retention of care staff alleviating some recruitment challenges.

5.2.8 The new model of care at home is designed to increase the efficiency of current provision by reducing the amount of travelling time between visits. Providers will deliver care on a neighbourhood basis, across three localised areas (Blackpool North, Central and South). Fewer Providers operating in smaller condensed localities should lead to more efficient rotas and routes, which in turn should maximise contact time with service users, while minimising travel time between care visits.

5.2.9 The Council proposes to offer prospective care providers a number of opportunities and benefits including:

- Extended contract period of up to 10 years (with break clauses) providing increased financial security, sustainability and investment opportunities
- Pay a fair price for high quality person centred home care – hourly rate reviewed at least annually
- Patch based allocation of work, connecting neighbourhoods and people in that locality
- Prompt payments to suppliers
- Work in partnership with ethical, high quality providers, and engage with residents, sharing challenges and co-producing solutions
- Positively contribute and actively participate as a member of Fylde Coast Health and Social Care Career Academy – driving forward ethical service developments, training targeted at key skills gaps, improved recruitment and retention, promoting social care and health as a positive career choice, and improvements across the care sector
- Create an environment where transparency, creativity and innovation thrive
- Share resources to achieve common goals for example: training resources (online iPool), parking pass scheme, wellbeing and vaccination programmes for care staff
- Enhanced support e.g. provider expertise, pharmacy, access to training and support
- Collaborate with providers to promote a healthy workforce, prevent disease transmission and increase resilience across the care sector workforce and residents,
- Share economic development opportunities with contractors

5.2.10 In return, prospective care providers are invited to commit to:

- As a priority and where appropriate to utilise the local supply chain
- Employ a high percentage of local labour including at senior management positions

and support targeted employment opportunities apprenticeships / traineeships.

- Proactively engage with local communities to achieve the Council's priorities and deliver targeted outcomes with a focus on building resilience in local neighbourhoods
- Positively contribute and actively participate as a member of Blackpool's Care Forum, Fylde Coast Health and Social Care Career Academy – driving forward ethical service developments and improvements across the care sector
- Create an environment where transparency, creativity and innovation thrive; for example through open and honest discussions, demonstrating a positive approach to problem solving and pooling resources to achieve common goals
- Collaborate with the Council to promote a healthy workforce, prevent disease transmission and increase resilience across the care sector workforce and residents
- Demonstrable proof of investment in Blackpool

5.2.11 **Quality and Performance Monitoring**

5.2.12 Additional resource has been allocated to the monitoring of contracted Care at Home Services to support a more detailed approach to assuring quality. New monitoring processes have been put in place that focus more on seeking direct service user feedback and detailed analysis of Electronic Call Monitoring data.

5.2.13 The new processes will ensure that all stakeholders have a clearer picture of the quality of contracted care at homes services, and be able to identify specific challenges and areas for improvement within the section.

5.2.14 **Transforming Care - Mansfield Road Step Down Service**

5.2.15 A multi-disciplinary implementation group continues to meet to oversee development of the service. Active discharge planning continues. The transitional monies required to support each discharge is being worked through with Blackpool Clinical Commissioning Group.

5.3 **Deprivation of Liberty Safeguards**

5.3.1 A number of people in residential, nursing homes or hospital who lack capacity to agree to be there, and who would be stopped from leaving if they tried to, are subject to such restrictions in relation to their care that they are deemed to be deprived of their liberty. The legal authorisation for doing this is part of the Mental Capacity Act, and the process is known as the "deprivation of liberty safeguards". Case law in 2014 increased the numbers of people who would fall into this category, a rise of tenfold plus.

5.3.2 It is a legal requirement that people who meet the criteria above have their deprivation of liberty authorised by a procedure specified in law. The responsibility for legally authorising the deprivation falls to the Local Authority as the Supervisory Body.

5.3.3 The activity in relation to Deprivation of Liberty safeguarding assessments continues to rise. The Authority has been very successful in managing the increasing demand without resorting to "waiting lists". This avoids the risks associated with people being deprived of their liberty without the appropriate safeguards being in place, and possible legal challenge to that.

5.3.4 A lot of work has gone into ensuring that requests are dealt with in a timely manner and the processes of dealing with those are both effective and efficient. The numbers for the last two years are detailed in the table below.

	2016/17	2017/18	Increase
Total Rows Included in Return (Applications received in year plus those DoLS already in place)	1226	1434	17.0%
Applications Received in Year	798	881	10.4%
Number Granted in Year	692	768	11.0%

5.3.5 Not all applications that are received are granted, and there are a variety of reasons for this. These include the person moving accommodation/being discharged, of either being assessed as having capacity or not being subject to restrictions which amount to a deprivation, or of dying before the assessment is complete.

5.4 Mental Health Admissions

5.4.1 Some people are admitted to hospital under a relevant section of the Mental Health Act. Typically* this will involve two doctors and an Approved Mental Health Professional (AMHP, almost exclusively locally a social worker) assessing the person and making a decision that they need, on one or more of the following grounds, to go into hospital even though they do not want to: for their health, and/or their safety, and/or for the protection of others, and that this is necessary and there is no alternative.

5.4.2 The AMHP can only complete their application for admission if they have two completed medical recommendations by the relevant doctors. They then have responsibility to arrange the conveyance of that person to hospital in the most appropriate manner, which usually means via an ambulance.

5.4.3 For some time AMHPs locally have found themselves in the position of having assessed somebody as meeting the criteria for admission, with completed medical recommendations, but being unable to organise the conveyance due to no bed being available to admit the person to. This obviously causes a number of concerns in terms of risks to the person, their family/carers, others if living in a shared environment, staff who may have to care for them in the meantime, and the AMHP from a professional and regulatory standpoint.

5.4.4 In order to properly quantify the extent of this happening, we will from the beginning of June 2018 compile weekly statistics of the number of people who are unable to be admitted despite being eligible to be detained, and the number of delay days associated with each of those individuals who this occurs for. We will share this information with our Hospital Trust and BCCG colleagues as part of the regular and ongoing discussions concerning service delivery and safe and effective services.

*Some people will be admitted for assessment by the police under s135 of the Mental Health

Act, some via a court authorised warrant under s135 of the Mental Health Act, and these figures will form part of the detail described above.

5.5 Adult Social Care Grant

- 5.5.1 The Adult Social Care Grant is an additional short-term fund, which has been made available to the Council and is designed to support the delivery of services, which relieve pressure on the acute health system by preventing hospital admissions and supporting prompt discharges.
- 5.5.2 The grant has been allocated across the service in areas, which will have the greatest impact. There will be enhancements to the resource delivering the “Home First” project, a focus on the development of new assistive technologies and innovation, building on the expertise of the Vitaline service, meeting emerging need for specialist Autism services as evidenced in a self-assessment and roles which will work across Adult Social Care to ensure that key compliance and quality is not lost with the pressure to meet a higher level of demand across the system.
- 5.5.3 The funding has been used to create new roles (including apprentice opportunities) and create capacity in current systems to allow the benefits of new technology developments to be maximised.
- 5.5.4 There is no assurance of future funding from this source and this has been built in to the planning to ensure that there are no unforeseen revenue costs as a result of this spend.

Does the information submitted include any exempt information? No

List of Appendices:

None.

6.0 Legal considerations:

- 6.1 Contained within report.

7.0 Human Resources considerations:

- 7.1 Contained within report.

9.0 Equalities considerations:

- 9.1 Contained within report.

10.0 Financial considerations:

- 10.1 Contained within report.

11.0 Risk management considerations:

11.1 Contained within report.

12.0 Ethical considerations:

12.1 Contained within report.

13.0 Internal/External Consultation undertaken:

13.1 Contained within report.

14.0 Background papers:

14.1 None.