

Summary Sheet

Council Report

Overview and Scrutiny Management Board – 12 September 2018

Report Title

Adult Social Care Improvement

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

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Ward(s) Affected

All

Executive Summary

This report sets out the main findings from the scrutiny workshop sessions undertaken by the Overview and Scrutiny Management Board to consider progress on the Adult Social Care Improvement plan and budget position.

Recommendations

1. That the report and the baseline position to inform future scrutiny of the service during 2018-19 be noted.

List of Appendices Included

None

Background Papers

Adult Social Care Improvement Plan
Briefing papers for workshops

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Adult Social Care Improvement

1. Recommendations

- 1.1 That the report and the baseline position to inform future scrutiny of the service during 2018-19 be noted.

2. Background

- 2.1 The Overview and Scrutiny Management Board (OSMB) agreed to schedule two scrutiny workshops to consider progress on the Adult Social Care Improvement Plan and budget position. The purpose of these sessions, held on 21 February and 4 July 2018, was to update Members on the current position, issues and challenges in the service and to set the context for OSMB to inform their future scrutiny.
- 2.2 A detailed Adult Social Care Improvement Plan resulted from an independent diagnostic review of Adult Social Care (ASC) during 2017. The plan mapped the service against key judgements representing good practice and against the improvement priorities for the directorate. It was based around four themes as follows:
- Leadership, Management and Governance (including commissioning, IT, quality assurance, workforce development and performance management)
 - Safeguarding
 - Front Door (Single Point of Access and Hospital)
 - Localities (including assessment, support planning and review; reablement; mental health; early intervention and prevention; long term care needs; mental capacity)
- 2.3 Since the workshop held in February, this plan has now been superseded by four high level project plans to address the savings challenge and provide a solid base for future transformation. Work on the Intermediate Care and Reablement pathways, workforce development and digital transformation will be enablers to these plans, which cover:-
- Review of Learning Disability Services – My Front Door
 - Right sizing of care packages
 - Review of in-house residential and intermediate care for older people
 - Resource/Operating Models
- 2.4 In previous years OSMB has received updates on the budget position every two months but the approach from 2018-19 onwards is to explore both the budget position and service performance simultaneously as the two are closely interlinked. The focus is to seek assurance that the budget overspend will be reduced and proposed savings achieved without a negative impact on service users and performance, whilst making the requisite changes to practice and service transformation.

3. Key Issues

- 3.1 During the workshop sessions OSMB discussed a summary of the service, presented through a series of graphs and pie charts showing disaggregated spend on service areas and by customer cohorts, including average weekly costs of both community and residential care. Customer cohort grouping is used as a tool for forecasting demand.
- 3.2 Members probed various issues, especially areas of high spend and how the service would develop the personalised strengths-based approach needed from a modern adult social care function, in light of the financial and other challenges faced.
- 3.3 This section provides a short overview of progress and the current position for the main themes which emerged during the discussions.
- 3.4 Budget
 - 3.4.1 Within ASC ten areas were identified for budget savings totalling £10.55m from 2017-19, with plans under each area. The initial ASC savings requirements have been re-profiled to remove the top loading scheduled for 2017-18 and to spread the savings requirements over three years to 2019-20, but this will still present a challenge.
 - 3.4.2 In-year demand pressures, achievement of in-year savings and planned future savings are all closely monitored and reported on. The budget position as at July 2018 has not been included in this paper as OSMB will be scrutinising the next quarterly update in September with more up to date information.
- 3.5 Demand Management
 - 3.5.1 Following the diagnostic review there was an immediate focus on unallocated referrals with additional staffing resources deployed. This was completed in eight weeks and there is weekly monitoring of all performance across the service.
 - 3.5.2 Central to managing demand is improving the information, advice and guidance (IAG) for families and service users, as required under the Care Act, and affective triage at the Single Point of Access (SPA). The service is still receiving a high volume of contacts at the front door which then go into localities. Pathways from front door to localities will be revisited and developed for end-to-end care, working with the hospital, i.e. from IAG to enablement to residential care, with a new operational model from 2019-20. Triage at the SPA has been strengthened by the inclusion of occupational therapists, mental health workers and the voluntary and community sector.

3.6 Safeguarding

3.6.1 This workstream has also been strengthened through additional resources to improve practice. ASC is working with the Rotherham Safeguarding Adults Board and the South Yorkshire wide procedures are under review.

3.7 Performance Framework and Management Information

3.7.1 Performance data has been an area for improvement to facilitate better strategic oversight of activity. A new activity dashboard "Insight" marries up activity with spending and shows baseline activity using real time data from the Liquid Logic case management system. The finance and performance tracker monthly reports show the outcome of reviews for services and on the budget. The performance framework is being developed to roll out down to team managers and social workers. Liquid Logic is also being reconfigured to capture information from process decision points.

3.8 Commissioning

3.8.1 Work is underway to develop and strengthen the commissioning function corporately. Specific to ASC is moving from a traditional contract monitoring and procurement-led model to one based on dialogue with providers, stakeholders and customers to facilitate effective market shaping to enhance the offer. The outcome should be a coherent commissioning strategy to support the service operating model. Joint commissioning with the Clinical Commissioning Group seeks efficiencies and to avoid duplication.

3.9 Policy framework

3.9.1 An interim framework has been put in place, learning from other local authorities, whilst a new framework of policies and procedures is developed to provide clarity and standardisation, removing custom and practice.

3.10 Strength-based approach

3.10.1 This represents a sea-change in both organisational culture and historical social work practice in Rotherham. It entails having a dialogue with a person about their aspirations and their needs, not about undertaking an assessment for specific services. Closely linked to this approach is having a range of options for people to access, moving towards an offer that is community based rather than building based and making universal provision more accessible to all.

3.10.2 Reviews and reassessments are important to ensure that the right level of support is being provided and to reflect any changes in a person's needs. More staff have been deployed on reviews as this is one area

where performance needs to be improved to achieve 70-80% p.a. Some possible increases in care packages are anticipated post review with others remaining the same or reducing. For example, some care packages will have been set up following discharge from hospital when people were at their most vulnerable, therefore their needs may have reduced since that time.

3.11 Technology

3.11.1 For some customer cohorts technology solutions will be considered as a replacement for direct support, which can be done through housing or health as well as ASC. This will be through risk assessment and confidence building.

3.12 Transition from Children and Young People's Services (CYPS)

3.12.1 This is an area of high cost and the two directorates work closely together. ASC services are different to those in CYPS but people have become used to a certain level of support and expect it to continue. Preparation for adulthood and transition begins when young people are about 14, with statutory assessments undertaken at 17 years 2 months, although the service trying to do them at 16. No money flows through from CYPS to ASC. The Assistant Director is now leading the transition group to create a data set agreed by the two directorates.

3.13 Workforce

3.13.1 ASC has a fairly stable workforce including numbers of social workers overall, but few workers aged under 25. Regular dialogue, an improvement page on the intranet and events intend to keep frontline staff involved and informed so that all staff understand the impact of decisions, performance and spending.

3.13.2 The ideal model would be a bottom-up model, based on demand demographics considered jointly with health. Pathways and business processes would be developed first with caseload size to meet statutory responsibilities then staffing determined accordingly for each area to be delivered.

3.13.3 The ratio of qualified social workers to unqualified workers in the workforce varies between local authorities. In terms of carrying out assessments social workers undertake safeguarding, best interest, adult mental health and more complex cases and the other staff the remainder.

3.14 Management

3.14.1 A number of interims have been appointed in the temporary structure, presenting a challenge for the organisation, even with good calibre, experienced people. The management team overall has been

streamlined and this impacted particularly on the locality teams in the north and south which became very large teams to manage. In addition, the majority of managers are newly promoted, with few having experienced working in other local authorities, and work is taking place to build capacity and confidence.

3.15 Comparison of Rotherham with other local authorities

3.15.1 National benchmarking shows Rotherham has more people who have entered permanent residential or nursing care at an earlier age than in other areas. It means people enter geriatric care when still relatively young or spend many years in a care home setting, when for some their needs could potentially have been met in a different way. This position reflects historical practice and a risk averse culture which creates dependency and increases expectations around services. 24 hour placements account for a significant part of the budget - nearly 50% as at July 2018.

3.16 Delayed Transfers of Care (DTC)

3.16.1 Performance on this key measure (target 2.5%) as at July 2018 was between 1.8-2%. Health and social care teams have been brought together and co-located in a single integrated discharge team at the hospital. Additional social worker time at the hospital has also had a positive impact during winter pressures.

3.17 Principal Social Worker (requirement under the Care Act)

3.17.1 A new post holder was appointed to this key role in March 2018 and provides direct oversight of social work practice, using evidence based practice to accelerate staff knowledge and confidence. This will enhance practice and decision making with regard to new and existing packages of support.

3.18 Signing off support packages

3.18.1 ASC has instigated a new process to ensure oversight of the costs of support packages, with no care package above £300 signed off without going to the weekly Wellbeing Forum. Social workers and managers review assessments to ensure they are right and proportionate. For joint packages with health for people with learning disability there is no devolved responsibility, so these are discussed at a higher level to ensure checks and balances are in place. It was emphasised during the workshops that social workers do not have financial targets when they assess or reassess service users; this would be illegal.

4. Options considered and recommended proposal

- 4.1 The OSMB will continue to scrutinise the Adult Social Care Improvement Plans and budget during 2018-19, delegating specific areas of work to the Health Select Commission as required.
- 4.2 A number of the key performance indicators for Adult Social Care are included in the Council Plan and will be scrutinised by the Board as part of the quarterly corporate performance reporting cycle. Other measures within the Adult Social Care Outcomes Framework (ASCOF) and/or additional local measures could be considered by the Health Select Commission.
- 4.3 At the first workshop it was agreed to schedule a Member visit to the single point of access; to arrange a demonstration of the Insight activity dashboard so that OSMB members have a good understanding of the data available and customer cohort; and to set up a meeting with a group of staff.

5. Consultation

- 5.1 Not applicable for this report.

6. Timetable and Accountability for Implementing this Decision

- 6.1 Quarterly updates will be presented to the OSMB from September 2018 onwards.

7. Financial and Procurement Implications

- 7.1 None arising directly from this report although OSMB will continue to scrutinise the budget position and future budget proposals for both the Council overall and individual directorates as part of the work programme.

8. Legal Implications

- 8.1 There are no direct legal implications arising from this report although the Council must meet its legal obligations under the Care Act (2014).

9. Human Resources Implications

- 9.1 None arising directly from this report.

10. Implications for Children and Young People and Vulnerable Adults

- 10.1 Adult Social Care services are commissioned or delivered for adults aged over 18 with physical disability, sensory disability, mental health needs, learning disability and/or autism, and their carers. Safeguarding policies and protocols are in place to protect vulnerable adults.

11. Equalities and Human Rights Implications

- 11.1 Scrutiny focuses on improving policies, services and support, ensuring the needs of groups sharing an equality protected characteristic, such as age and disability, are taken into account.

12. Implications for Partners and Other Directorates

- 12.1 Adult Social Care jointly commissions a number of services with Rotherham Clinical Commissioning Group (RCCG), and works closely with local health services and third sector organisations in service development and provision.
- 12.2 The directorate also works with Children and Young People's Services (CYPS) when young people will need to transition from CYPS into Adult Social Care.

13. Risks and Mitigation

- 13.1 With a demand-led service such as ASC and high cost of packages of support for people with complex needs, a degree of uncertainty over annual spend will always be present. Nevertheless the service has savings targets to meet and plans to achieve these through new approaches to the social care offer, which will also comply with duties and responsibilities under the Care Act (2014) for more person-centred care and support. Close budget monitoring, improved management information regarding activity/spend and the new approval process for signing off care packages will contribute to managing the budget.
- 13.2 Developing a broad range of options and undertaking assessments and reviews/reassessments, using a strength-based approach, is critical to ensuring people have the right support package to meet their needs and desired outcomes, both initially and over time if their needs change.

14. Accountable Officer(s)

James McLaughlin, Head of Democratic Services

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