

COUNCIL
14 FEBRUARY 2019**REPORTS OF CABINET MEMBERS WITH RESPONSIBILITY**
– CABINET MEMBER WITH RESPONSIBILITY FOR ADULT
SOCIAL CARE

1. It gives me great pleasure to be able to bring my report to Council. It has been my aim to build on the vision as set out in Corporate Plan. *“It is our priority, working with partners, to ensure Worcestershire residents are healthier, live longer, have a better quality of life and remain independent for as long as possible.*
2. We will work together with partners and communities to enable Worcestershire residents to make responsible choices when planning their lives to achieve the best possible outcomes. We will enable individuals to become or remain independent, self-reliant and an integrated part of their local communities. We have been bringing direction, balance, and order to this vision.
3. I do sometimes wonder if members understand as to why adult social care is important to the Council apart from the financial issues.
4. We all strive for a happy and fulfilling life – and we should all have the support we need to live one. But some people need extra care or support – practical or emotional – to do the everyday things that many of us take for granted. That’s where adult social care fits in – providing a safety net to those who need it, and empowering people of all ages, with a range of conditions and needs, to live with opportunity, independence and control.
5. The system supports both older people and working age adults who have physical and learning disabilities, mental health conditions or are generally frail. People can receive care in their own homes, community settings like day centres or in care homes.
6. High quality social care brings people together by helping to create a network of local support that enables people to lead the lives they want to lead, and to participate and contribute to society.
7. We work closely with health but we are far more than just an adjunct service – we need recognition of the role that social workers and social care assistants play – helping thousands of people in Worcestershire lead safe, dignified and independent lives – over 8,000 people in this financial year.
8. It has been 18 months of considerable effort by all our staff to get us to a position of stability on our finances. We have been, as a Council, able to make very significant financial investment, firstly by rebasing the 18/19 budget and secondly by making today a £14m investment for next year. This will bring stability to the service, and is a realistic position in terms of responding to demand for the next year. It puts our budget in the

range of our statistical and near neighbours. I do welcome the specific government grants we have seen in next year's budget, which will help delayed discharges, and support core services.

9. We have seen, in this period, the roll out of a new way of delivering services as well. Our 3Cs model is now live across the County and showing excellent results – we are seeing more people and seeing them more quickly. Previously the average waiting time was 42 days - it is now 5 calendar days. Our skilled social work staff are helping people to remain at home living independently, rather than responding to crisis situations which all too often resulted in an older person entering residential care.

10. I am delighted to be able to report that after a lot of effort we have a settled approach to using Technology to help us in promoting independence. We are working in partnership with Worcestershire Telecare to use assistive technology like sensors and voice activated kit to help people to remain at home. I would welcome members to visit the technology suite at Berrington Court.

11. There has been an amount of turbulence on the national stage, with nursing and residential homes such as Allied Health Care failing; while there have been failing in a couple of cases, our system is still in a reasonable state. It is worth noting that 76% of nursing and residential homes remain at good or outstanding (CQC rating) which keeps us in the top 5 nationally quality of provision.

12. We must always remember that an effective Social Care system needs a good case management system. So after some 14 years we are retiring our framework and investing in a new system called Liquid Logic. This is a widely used platform that I hope will see improvements in service. This is a £2m investment in a new case work management system that will go live in October 2019.

13. In the calendar year 2018 we moved 50 people into supported living, 30 from residential, family settings and transitions and 20 into more independent settings from other supported living properties. We opened Stourside - 15 flats for people with learning disabilities in Stourport and a number of shared houses.

14. In 2019 three supported living schemes are opening – Bryson Place in Bromsgrove, Bedwardine Court in Worcester and the Burrows in Droitwich, a total of 40 units. There are currently 475 people with Learning Disabilities, Mental Health and Physical Disabilities in supported housing. This gives a total of eleven clusters of flats accommodating 147 units.

15. 2 new Extra Care schemes opened in 2018. They were School Gardens in Stourport-on-Severn, having a capacity of 60 apartments, and Cherry Orchard in Pershore with a capacity of 53 apartments. The addition of these 2 schemes gives us a total of 12 Extra Care schemes, and a capacity of 869 apartments, in Worcestershire.

16. In 2019 Parsons Gardens will be opening in Broadway with 40 flats and 10 bungalows.

17. I wish to reaffirm that in line with our new business plan we have clear our service priorities over the next two years:

- Reduce the number of older and younger adults whose long term support needs are met by admission to care homes. In comparison with other counties it appears that we need to change a default position that a bed or an institution is the correct option
- Increase the number of customers whose short term support services enable them to live independently for longer
- Increase the number of older people who stay at home following reablement or rehabilitation
- Most importantly, sustain the current performance on delayed transfers of care from hospital
- To keep working with our health colleges and our communities to prevent, reduce or delay the need for care. We must continue support our staff and equip them with the skills they need to continue to do a good job.

18. This is to try address the increasing demographic and demand challenges which the service continues to face. We have an increasing volume of demand due to an ageing population, with people who previously funded their own care, becoming eligible for care due to depleting resources, and younger people with disabilities becoming eligible for Council funding as they turn 18 or later in life as their own parents become infirm.

19. At the same time we have increasing cost due to increased frailty of older people needing more intensive care, people with more profound disabilities surviving longer into adulthood and needing more intensive care as they get older, and market forces factors that affect the ability of providers to offer care packages and placements at the Council's standard rates – including from 2016/17 the rise in national minimum wage.

20. Based on 2014 ONS population projections, the projected increase in the older adults (aged 70 and over) in Worcestershire was expected to be around 92,000 in 2019, up from 83,000 in 2014. The recently released 2016 ONS population estimates now predict the over 70s population to be much higher at around 99,500.

21. The increase is accounted for by a rise in the number of people in the very oldest age groups coupled with the fact that people in Worcestershire are generally living longer. The number of people in the oldest 75+ age group is projected to increase from 60,000 to 79,000 between 2018 and 2025. People in the oldest age group are likely to have higher needs associated with frailty, comorbidity and living alone. This is an increase of 19,000 people or a percentage increase of 32%. Overall, 28% of our population are now aged over 65.

22. It is against this back drop that I am keen to develop our dementia care across the County and especially in the north of the County.

23. I do think that the Council has a tendency to underestimate our place in the economy. Over 15,500 people are employed in the care sector in Worcestershire and there are 180 registered nursing and residential care homes, most of which are small and medium sized enterprises. This is an important part of our economy. In 2019 I will be bringing forward plans on how we can help to recruit and retain staff in this sector

24. I would like to pay tribute to our carers. There are over 70,000 carers in Worcestershire. Worcestershire Association of Carers tells me that the national annual net value generated by carers is over £160b.

25. Unpaid carers perform a unique role in our society and increasingly, most of us are likely to assume responsibility for helping to care or support someone close to us at some point in our lives. We become carers when our caring responsibilities exceed normal expectations for a relationship due to the illness or chronic condition of someone close to us. Many people enjoy or derive great satisfaction from their carer role and may acquire new skills and friendships, but carers often unknowingly place their own physical, mental and financial wellbeing at risk of harm without appropriate support.

26. The Council's main support for carers is delivered by Worcestershire Association of Carers – which receives around £1.6m to carry out their essential role in assessing carers, supporting individuals and advocating for carers as an invaluable group.

27. Safeguarding vulnerable Adults is a key role for us. In 17/18 (figures always a year behind) there were 1942 safeguarding referrals of which around 18% met the criteria for a safeguarding investigation to be initiated. Our safeguarding priorities remain:

- To listen to people who have been subject to abuse or neglect, and seek assurance that people are able to be supported in the way that they want, are involved in decisions and can achieve the best outcomes
- To be assured that safeguarding is embedded in communities, raising, awareness, promoting well-being and preventing abuse and neglect from occurring
- To seek assurance that effective policies, procedures and practices are in place that ensure the safety and well-being of anyone who has been subject to abuse or neglect, are proportionate and that action is taken against those responsible.
- To learn lessons and make changes that prevents similar abuse or neglect happening to other people.

In addition to the safeguarding team the Council has retained a quality team, which, using a risk matrix, works with providers that are causing concern, providing advice on good practice or raising safeguarding concerns as appropriate. In 2018 the team worked with 57 providers, completing 138 visits. We did consider the possibility of stopping this service but having met with them I was able to see the benefit of their work.

28. Looking forward to a few Strategic Priorities to drive at over the next 2 years:

- There is general consensus that the only viable solution to the rising demands for care must be a national funding solution. I am in contact with our MPs and met with the Secretary of State, Matt Hancock in late December. I will continue to press for government action not just to resolve the funding issue for local government but to resolve how individuals should pay for care – we need to encourage people to plan for their care needs in the same way that they plan for their pensions – not face catastrophic costs
- The most successful councils have close relationships with all of their health system. I would like to take the opportunity of the Council's redesign process to explore how we can work with health colleagues both as providers and commissioners. I am pleased to say that we are actively working with our District colleagues on preventing demand and reducing social care costs through the

rates retention scheme. We can still do more to involve our communities and Parish Councils in helping us with demand

- Redesigning our 'front door' to enable people to self-serve and link to community based organisations
- Bring forward a strategy for our in-house provider functions
- Develop a community based reablement model to support our 3Cs work and help people to remain at home
- We need a Workforce strategy across partner organisations that starts to address the skill mix of our workforce with an action plan to recruit and retain staff in the health and care sector.

29. I would just like to thank all our staff for their help and support over the year.

Adrian Hardman

Cabinet Member with Responsibility for Adult Social Care