

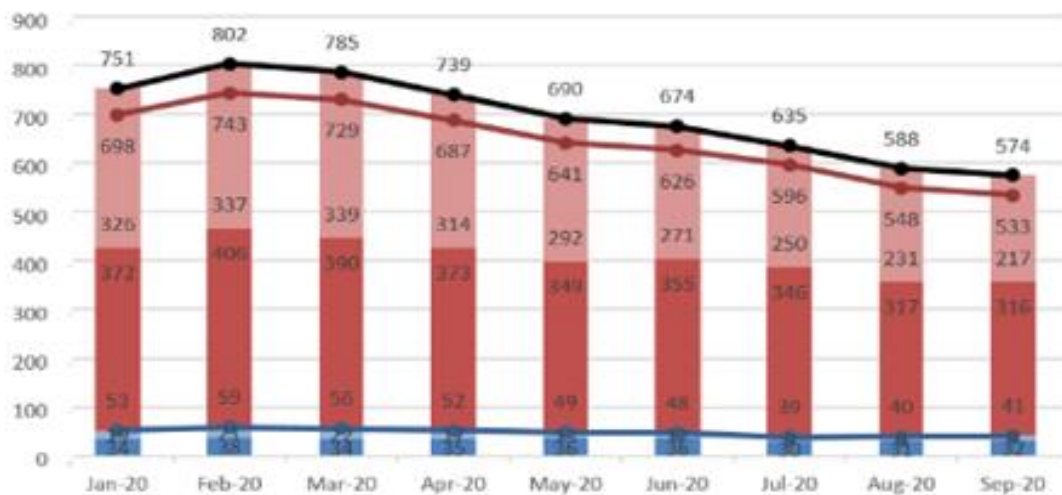
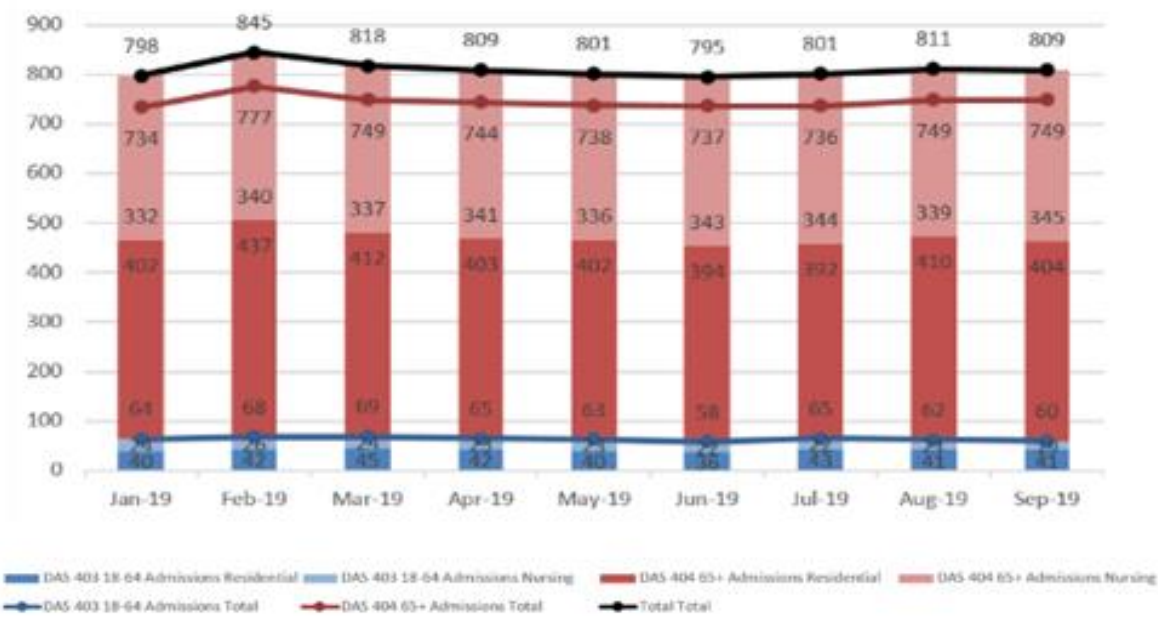
**ADULT CARE AND WELL BEING
OVERVIEW AND SCRUTINY PANEL
18 NOVEMBER 2020****PROMOTING AND ENABLING INDEPENDENCE**

Summary

1. The Adult Care and Well Being Overview and Scrutiny Panel is to receive an overview of the vision and plans being introduced to continue to promote people's independence and sustain their independence for as long as possible, at home.
2. Senior Officers from the Directorate of People and the Cabinet Member with Responsibility for Adult Social Care have been invited to the meeting.

Background

3. The People Strategy has a clear focus on the Council's priority to "*work with partners, to ensure Worcestershire residents are healthier, live longer, have a better quality of life and **remain independent** for as long as possible.*"
4. The People Directorate and its partners are **co-producing** ways of working with citizens to enable them to stay in home-based environments, for as long as possible and negate the need for long term care in residential and/or nursing care, including those already at home or requiring care/support following hospital discharge.
5. The Graphs overleaf shows the significant decline in the current demand for long term care, which is as a result of 3 main factors:
 - a) Customers and their families being reluctant to move to care home settings, due to perceived risk of infection
 - b) Care homes unable or reluctant to take new customers, due to COVID-19 outbreaks/infections
 - c) Success of the current Supported Living Strategy and project.



6. It is further evident that there is an imbalance between capacity to support home-based care and the appropriate demand of those leaving hospitals. This will result in people who can appropriately have their care needs met in their own home, instead of being taken through a bed-based pathway or experiencing an increased length of stay within the Acute Trust. This has clinically been identified as a key contributor to patients experiencing Hospital Acquired Functional Decline, which is a driver for poorer patient outcomes and increased cost into the system.

7. The tables below show a comparison of hospital discharges during 2019 and 2020 (patients – snapshot of first whole week of every other month).

2019/ month	Number
January	75
March	76
May	70
July	64
September	71
October	54 (total 410)

2020/ month	Number
January	68
March	77
May	126
July	96
September	78
October	102 (total 547)

8. There are several streams of connected activity that are in progress including:
- Introduction of Community Reablement Service
 - Increasing Shared Lives provision
 - Increasing Extra Care provision
 - Increasing Supported Living provision
 - Home First Programme
9. These are explored further in the sections below.

Service Overviews

Community Reablement

10. On 22 September 2020, the Panel received an update on plans to introduce a Community Reablement service in October 2020.

11. This service went live, as planned on 26 October 2020 and up to 4 November, 27 referrals have been made to this service with 25 live reablement interventions being provided. The Panel will receive a further report in the future on progress and outcomes achieved.

Shared Lives

12. Shared Lives is a highly flexible form of supported living. The Shared Lives Scheme recruits Shared Lives Providers to provide individuals with the opportunity to live in the community within a family setting where they can develop their skills and confidence in a stable and supported environment.

13. Shared Lives is a provision within the Provider's own home and there are many differing types of Shared Lives Providers within the Worcestershire area.

14. The person with care needs has a licence agreement to rent a room in their Shared Lives Provider's house. The Shared Lives Provider will provide for some of the person's needs (the person may also have funded day opportunities or a direct payment).

15. The Worcestershire Shared Lives registered Scheme has been in operation since 2004, although it existed in another form previously. It has an established staff team and Registered Manager who successfully delivers support to people living in Worcestershire. Currently the scheme has incorporated Shared Lives Plus aspirations and guidance to achieve outcomes for over 127 people.

16. This service is now moving to increase the number of Shared Lives providers for Worcestershire. A proof of concept pilot is currently being explored to test the ability of the Scheme to potentially double over time through targeted recruitment activity. The Proof of concept would include:

- a) Designing and delivering area-specific campaigns to recruit new Shared Lives carers
- b) Co-design recruitment, approval, referral, matching and monitoring processes which can be carried out rapidly and without face to face contact, based on our existing comprehensive good practice and resource pack and guidance
- c) Recruit and assessing new Shared Lives carers
- d) Deliver Shared Lives support to an increased number of people, monitoring outcomes using our existing outcome monitoring tool, and refining new processes based on real-time data and outcomes.

Extra Care

17. An Extra Care Strategy for Worcestershire was developed in 2011/12 (Worcestershire Extra Care Strategy 2012-2026). To inform the Strategy data was used from the Worcestershire Housing and Support Needs of Older Persons Assessment that was carried out in 2009/10, alongside the involvement of a broad range of stakeholders and interested parties. The Extra Care Strategy set out the framework for the future development of extra care housing in Worcestershire.

18. As at June 2020 there were 270 people who were in Extra Care in which the Council had nomination rights. There were a further 62 people who had been supported into Extra Care and have since become 'self-funders' following the sale of their homes. In total this is 332 people. The Council has nomination rights for 397 Extra Care units. There has been an increase of people in Extra Care schemes however the target has not been achieved since 2016/17.

19. To enhance the use of extra care there has been significant work with Social Work teams e.g. identification of key workers and holding team meetings in Extra Care schemes to ensure staff are aware of what extra care schemes offer and to ensure good local working arrangements.

20. There has been work undertaken to engage with the wider public via a number of marketing campaigns e.g. What is Extra Care (Worcestershire County Council).

21. Whilst there have been notable successes at an individual level there has not been the wider uptake or creation of demand for Extra Care places. Anecdotal evidence suggests that the decline in uptake is in part due to people coming to the Council in a period of crisis and with increased care needs.

22. In total there are 35 less Council funded people in Extra Care compared to June 2019. This is in part a result of not being able to let tenancies during the COVID-19 pandemic. Two housing providers have expressed concern that both the ability to fill the units in Extra Care schemes is affecting the business model and financial viability of schemes in the long term. The impact of the pandemic on some schemes has increased the challenge. Providers have also raised concern that in some schemes maintaining balanced communities in Extra Care schemes is also a challenge with an increased level of need from people who are placed by the Council.

23. One of the key components of the Extra Care Strategy was to deliver a mixed economy of provision including being able to cater for the substantial and growing market of self-funders in Worcestershire.

24. McCarthy and Stone, as an example, are in conversation with the Council as they wish to increase their presence in Worcestershire and are willing to work with the Council to ensure the schemes are sustainable and support the Council's wider aims with regard to active ageing and supported money management. McCarthy and Stone, as do other housing providers, want to secure land across Worcestershire and ensure a Case for Change development pipeline for Extra Care across Worcestershire. They have identified areas such as Evesham, Alvechurch, Broadway, Bromsgrove, Pershore as key areas they would like to pursue.

25. The impact of planning policy is also crucial in the development of Extra Care. Defining an extra care development as C2 (residential institution) or C3 (residential dwelling house) for planning purposes has significant impact on whether a scheme is financially viable to the developer. A C3 development, which is how the majority of Extra Care developments are classified is beneficial for the land owner (more houses can be built and more quickly) but for an Extra Care developer there is an impact on the commercial viability of the development as, for example, affordable housing section 106 contributions are generally sought on all C3 developments, increasing the cost to the developer.

26. Commissioners are now revising the Extra Care Strategy and Needs Assessment in order to:

- a) Develop an updated and clear market position statement (MPS) for developers who want to develop Extra Care in Worcestershire. This work sits alongside the development of an MPS for Supported Living
- b) Support a marketing campaign across Worcestershire to raise awareness about Extra Care for residents across Worcestershire
- c) Develop a 'health settings / place based' approach working with Extra Care providers. Aim to develop a more consistent wellbeing offer / approach across providers noting current service offer differs across Extra Care settings
- d) Review opportunities for developing Council owned land for Extra Care schemes. Link into the Head of Strategic Land and Economy within Worcestershire County Council
- e) Ensure Extra Care developments are considered as part of the wider Strategic Housing Group and sub-group
- f) Develop a partnership approach with the housing providers to identify, incentivise and support people into Extra Care Schemes

- g) Decrease voids / increase tenancies and increased income. This approach would also free up housing stock which would benefit the wider housing market.

Supported Living

27. The Worcestershire Housing and Support Commissioning Plan 2014-18 and Worcestershire Supported Living Strategy 2017 – 2020 both set out a plan of work to create more opportunities to enable people with a learning disability to move into supported living. The Supported Living Project was established with the following aims:

- Reduce dependence on residential care and more expensive supported living services
- Work in partnership with housing and support providers to develop a range of housing options, particularly cluster flats for people with disabilities
- Enable individuals living with families or in shared houses to become more independent
- Ensure that young adults in transition to adulthood have a range of housing choices in-county
- Give more people choice and control over where they live, who they live with and who supports them.

28. To date, with a focus on, but not exclusively working with people with learning disabilities, 275 individuals have moved into supported living environments, achieving savings of £2.4 million to date.

29. The Council has developed 9 cluster flats and over 100 shared houses.

30. Numbers in supported living have continued to steadily increase over the last 12 months, with an additional 127 individuals moving to a supported living option.

31. Commissioning and operational teams are currently working to fill 3 new learning disability supported living services and 2 new mental health supported living services by January 2021. The first of these services to start will be the redevelopment of the County Council Kingfield's day service at Ledwych Road, Droitwich. Commissioning teams are also in talks with developers to obtain 2 sites for individuals with complex needs to be delivered in 2021.

32. The needs assessment for the future demand is now being developed to incorporate people with mental health issues, physical disabilities and vulnerable adults, as well as updating the current learning disability needs assessment. This will feed into a new Supported Living Strategy aiming to continue to expand Supported Living provision that will enable greater capacity for our customers to be supported in an independent setting.

33. Commissioners are working in partnership with Worcestershire Strategic Housing Group to develop a Supported Accommodation Strategy, which will feed into the Worcestershire Strategic Housing Plan.

34. The refreshed Supported Living Project will:

- Further reduce residential care placements
- Increase housing options for our under 65 cohort
- Be underpinned with a detailed needs assessment predicting future demand and commissioning needs for the future
- Deliver a market position statement with clear information about the services that need to be developed
- Develop a housing module for social work review to feed into dynamic needs assessment
- Update our Supported Living Strategy
- Develop a Supported Accommodation Strategy for Worcestershire in Partnership with the District Councils.

Home First Programme

35. In 2019 the Council and system partners developed the Onward Care Team (OCT) which in co-ordination with the Acute Trust's *Home First* program altered the dispositions of the pathways (PW) – increasing Pathway 1 demand, whilst decreasing Pathway 2 and 3.

36. Prior to March 2020 complex discharges were facilitated via 3 distinct pathways:

- Pathway 1: Discharge Home with Support (Health or Social Care)
- Pathway 2: Discharge to a community hospital
- Pathway 3: Discharge to a Nursing or Residential Home

37. During March 2020 it was recognised that there needed to be a further increase in the number of individuals being discharged via PW1 to support the Discharge to Assess principle and reduce the excess use of Care Home placements. To support this initiative additional investment was put in place to increase the flow of people via PW1. This was calculated to provide an additional 40 discharges per week.

38. Moving forwards, further enhancement and capacity is being enabled for this approach with a key focus on:

- **At least 95% of over 65's leaving hospital** should be going straight home/normal place of residence either on **Pathway 0 (no support) or Pathway 1**
- For the VERY small number of people who really cannot go straight home and need rehabilitation in a community bed (**Pathway 2**), the aim must be to get them home as soon as possible. If they then require some further enablement on their return home, additional to any pre-existing package of care, this will be funded for **UP TO 6 weeks**.
- **Pathway 3** is for < 1% of people where it is clear that they need 24-hour care in a nursing home, probably permanently.

39. The new, cross system approach is expected to derive significant areas of benefit for people and to operational delivery including;

- Improved patient experience
- Reduced impact of hospital acquired functional decline

- Reduced reliance on bed-based care
- Improved flow through the acute system
- Reduced care in ED corridor
- Reduced length of stay in acute and community care.

Equality and Diversity Implications

40. The Panel has already received the Equality and Public Health Impact Assessment for the Community Reablement Service and further assessments are in progress as part of the initiation of the other areas outlined above.

Purpose of the Meeting

41. Members are invited to consider and comment on the information discussed and agree:

- whether any further information or scrutiny work is required at this time
- whether there are any comments to highlight to the relevant Cabinet Member

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Strategic Director for People) the following are the background papers relating to the subject matter of this report:

- Agendas and minutes from the Adult Care and Wellbeing Overview and Scrutiny Panel on 22 September 2020 - [Agenda and minutes](#)