

9 July 2015

7. REPORTS OF CABINET MEMBERS WITH RESPONSIBILITY

(a) REPORT OF THE CABINET MEMBER WITH RESPONSIBILITY FOR ADULT SOCIAL CARE

ADULT SOCIAL CARE

1. National legislation places a duty on local authorities to provide care and support even though only a small number are eligible to receive funding. If we provide intermediate care and reablement we have to provide this for free and the costs are met through the Better Care Fund. We must not charge for aids and minor adaptations for home nursing or daily living up to the value of £1,000.
2. Last year the Council and the local NHS provided 8,000 pieces of equipment to support rehabilitation. This is an area of growing activity and the budget pressure is shared with health partners. Through the Better Care Fund the Council and the NHS fund Intermediate care for older people which offers rehabilitation and support to avoid hospital admission or to allow early discharge, typically for around 6 weeks. This includes the Promoting Independence Service where 2,385 people were supported over 52,190 visits.
3. After 6 weeks the Council has a duty to continue to fund the care needs of those people who are assessed as eligible for funded care and support unless they have a continuing health need in which case the NHS funds care and support. Last year 6,100 people across Worcestershire received funding from the Council at any one time for long-term care and support. (1.3% of the adult population, or 1.1% of total population). There were 27,300 new referrals to Adult Services and Health, which includes Blue Badge and Well Check referrals.
4. Last year there were a total of 5,600 new people assessed for Adult Social Care. The total of new and existing user assessments was 25,400. There were 5,300 carers assessed/reviewed during the year. Direct Payments have now been agreed with 29% of eligible service users and a direct payment card was introduced in February 2015 to streamline the report and checking process.
5. The highest numbers of new work cases last year were completed by the hospital-based team, central reviewing team, the access service, rapid response team and the Promoting Independence Team. Many of these were managed jointly with health partners through the Patient Flow Centre based at Wildwood.
6. We currently have 116 service users living in Extra Care accommodation and we expect this to rise to 411 by in 2018/19. Recent schemes have been opened at Clarence Park Village, Malvern and Evesham Rooftops. The accommodation at Meadowcourt in Worcester and Dorothy Terry House, Redditch, deliver a bespoke environment for over 55 year olds living with dementia. Both schemes have on site facilities like laundries, cafés, gyms, etc. Wyre Forest District Council approved a new scheme in January this year.
7. Last year we moved 23 people into Supported Living Units. Supported Living Units offer the privacy of a front door and personalised living accommodation, but with 24/7 on-site support.

These new builds have been designed to accommodate individuals with a wide range of disability and some were designed to accommodate a relative or parent. Some very severely disabled individuals have been able to return back into the county when they had previously been accommodated in out of county special residential units. Where friendships had developed the transfer was made for two or more individuals to move together.

8. A comprehensive review of the care home and home care market in Worcestershire was commissioned in May 2015. This report will cover the current market demand and pressures and future projections and is expected to be ready by November 2015. The Adult Care and Well Being Overview and Scrutiny Panel will study its findings.

DAY SERVICE REVIEW

9. The Day Service Review was completed in March 2015. Design groups were established for all new site locations, The Cube (Malvern), Three Springs (Persore) and Evesham Library.
10. The Assessment Team was increased to update every service user's plan and agree it with carers. Assessors were commended for their attention to detail within each assessment and for the thought they gave to opportunities beyond day services.
11. Two recurring themes within assessment plans were the potential loss of friendships and social networks and the ability of people to adjust to change. All of the adverse impacts have been highlighted within personal plans and adjustments were made.
12. Connect Bromsgrove was the first day service hub to be fully functional. Activity included volunteering at a local café or charity shop, and maintaining grounds at a local church. Relaxation and fitness opportunities were available at the Holiday Inn gym, the Dolphin Centre and elsewhere. Learning and skills development was organised at a college and library which included photography, art and craft, cake making and preparing lunches. Weekly relaxation sessions included cinema, ten pin bowling, shopping and looking at planting at Webbs Garden Centre.

SUPPORTED EMPLOYMENT

13. The Learning Disability (LD) People's Parliament started a debate on employment opportunities for disabled people and a workshop was held in December. Ourway and Speakeasy NOW met at the Job Centre to look at top tips and the LD Parliament visited the job centre to inform their white paper on employment.
14. In 2014 we began an initiative with partners called "Community Catalysts", to stimulate the development and growth of micro-enterprises with five staff members or less. They provide a range of care and support services including activities that help people to gain a new skill, make new friends or stay healthy. This Council's contribution included information on policies and procedures, advice on business start-up as well as funded training.
15. 19 Micro Enterprise projects offered access to training, employment and skills development. 10 offered leisure activities. 11 offered day time support including lunch and social clubs. 6 offered support at home and transport. One project was used to help people in 35 care homes enjoy healthy active lifestyles. The scheme also launched "Fundamentals" a grant-aided business offering day opportunities to people with learning disability in a hairdressing salon.
16. Some of the products and crafts created at micro enterprises are sold at craft fayres or local markets. A one-day market was held at County Hall in April to sell produce and services. Many seasonal items sold out quickly and we have learnt valuable lessons for organising the next event.

WORKING WITH PARTNERS

Clinical Commissioning Groups

17. The County Council's finance officers worked throughout summer 2014 to agree the Better Care Fund plans with the three Clinical Commissioning Groups. The submitted plan was fully approved and was one of only six nationally to be accepted. The plan was submitted to the Health & Well Being Board in September. It is not new money; it involves bringing together existing Clinical Commissioning Group and local authority budgets under the governance of Health and Well-being Boards. The BCF plan for 2015/16 includes £16.5m contribution to protecting adult social care services, including implementation of the Care Act and capital expenditure linked to social care.
18. The Patient Flow Centre was established in October 2014 at Wildwood. A single electronic system linked to an interactive dashboard was established so that information about community teams or care home places could be seen from one place as well as Acute and Community Hospital capacity. Seven-day access during winter months and six-day access at other times has been implemented with phone lines open over extended hours.
19. Joint support for people leaving a health placement was established within a "Promoting Independence Team" to provide immediate 72 hours of support. After 72 hours further support is available, up to 6 weeks from health and social care professionals as referred to in paragraph 2. The team typically includes nurses, occupational therapists, physiotherapists, coordinators and care assistants.

Acute Hospital Trust

20. Last winter we worked hard to support health colleagues to manage urgent care demand. Our immediate response to the problems included recruiting additional staff to support people at home through the Promoting Independence Team. Step down resource beds and short-term care home placements were put in place for people unable to return home after discharge from hospital. Increased capacity was commissioned from the Independent domiciliary care sector and we increased the number of social workers working in the two acute hospitals at weekends.
21. A Risk Summit was called in March following a number of safety issues at the Acute Hospital Trust. The Health & Well Being Board reported on the actions and risk at its May meeting and Acute Hospital Trust representatives gave an oral report on the progress of the actions required by the Acute Hospital Trust.

Worcester University

22. In February I visited Worcester University to look at our joint project training facility, "Ability House". This is an adapted semi-detached house, typically furnished but with Assistive Technology aids that facilitate independent living. It is used as a training base for health and care students. Person-specific assistive technology can be created and programmed to react according to individual need.
23. I visited The Arena on a day that a class of over 65's were taking fitness training. The facilities are first class. The Arena has a public event every weekend and this year is hosting the European Wheelchair Basketball Championships.
24. The University is very keen to work with Adult Social Care to develop work opportunities for students. I was particularly pleased to hear about the increase in new students wishing to do social work and social care studies from 45 last year to 500 this year.

CARE ACT

25. The Care Act received Royal Assent in May 2014. Regulations and statutory guidance were published on 23 October 2014. The “reform of duties in respect of adult social care and support” became law from April 2015 and “reform of adult social care funding”, which is about changes to the eligibility for social care funding and reforming the way in which people pay for care, is expected to become law from April 2016.
26. Key new duties from 2015 included market shaping to improve choice, needs assessments for all carers and adults and new responsibilities to assess those in prison. A duty was introduced to provide a Deferred Payment Scheme for individuals who meet the eligibility criteria. The Council had operated a deferred payment scheme but the Act made this a right from all local authorities not a choice. A new duty was introduced to refer individuals to advocates who can be commissioned to give personal advice.
27. Awareness and training sessions have been organised for health care workers, social workers and all those on the fringes of the care sector. Briefing sessions took place for councillors and the voluntary sector. Further briefings will be made available as we progress through the changes.

DIGITAL ACCESS WEBSITE – "Your Life Your Choice"

28. This new web site was commissioned and designed to create a one-stop shop window for social care and health. The site content includes advice on staying well, support available in the community, where to find help with paying for care services and where to find care services, a self-assessment tool and other related health and care provision. The site also includes an e-market place, which will be able to be used to enquire about vacancies and compare costs across the health and care sector.
29. The site was demonstrated widely throughout so that service users, carers, health workers and the voluntary sector could form the end design. A member briefing session took place at the end of February but was not well attended.
30. A number of market development events and meetings resulted in engagement with 850 providers. In the first month more than 2,000 users accessed the system.

PROVIDER MARKETS

31. The Care Act imposes new duties on local authorities to facilitate and shape the market for care and support for the benefit of local people and communities. This includes self-funders as well as those eligible for Council-funded care and support. External market providers already deliver over 80% of social care services.
32. There have been a number of positive developments in alternative provision for the in-house services we still provide. These have included Community Interest Companies, Social Enterprises and a carer-initiated facility run by a charitable organisation.
33. Market engagement sessions were held over a number of months with approximately 100 providers attending and these were followed up with 121 meetings with organisations. Health partners continue to deliver some services through a Section 75 Agreement.

CARERS

34. We have strong carer support groups across the county. The Carers' Survey 2014/15 reported that carers do feel included or consulted in discussion about the person they care for and they also find it easy to find information about our services. We have further work to do to improve the amount of social contact carers have.

35. Carers were closely involved with us when we changed the location of some day services last year. Design groups were set up at each new location and carers were involved in planning the physical space as well as the internal refurbishing. "Healthwatch Worcestershire" worked with carers around 'co-production' and this has helped to extend the communication and interaction opportunities we know carers and service users want.
36. We expect the number of requests for carer assessments to increase as the provisions of the Care Act become more widely known. The online assessment tool will be a helpful way for carers to test their eligibility before proceeding further with a request. IT literacy is an area of work being expanded by Health through the "Go On" campaign.

SAFEGUARDING

37. The Care Act 2014 places adult safeguarding on a statutory footing for the first time. Care Act guidance requires that Safeguarding Adults Boards (SAB) agree a framework and process for any organisation under the umbrella of the Board to respond to Position of Trust (PoT) concerns, regarding allegations or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid, who works with or cares for adults with care and support needs. It also requires that each member of the board should have a Designated Adult Safeguarding Manager (DASM) who will have responsibility for the management and oversight of the PoT concerns raised within their own organisation and commissioned services.
38. The new Safeguarding Board has been established. The Chairman, Kathy McAteer, was appointed in July last year. A 'stock take' was done on the work of the board to ensure that service users, carers and the public are able to contribute to their work. Board membership now includes HealthWatch and a carer representative. A new Board Assurance Framework has been agreed. The Chair of the Board has met the Adult Care and Well Being Overview and Scrutiny Panel and it is envisaged that she will report annually to the Council.
39. Multi Agency responsibility is recognised in the Care Act. A Multi Agency Safeguarding Hub (MASH) has been established at Wildwood. The MASH will provide the opportunity for early information sharing and a co-ordinated response.

STAFFING

40. I am sad to report that one of our most popular and capable managers, Jonathan Monks, died suddenly on the 26 May this year. His personal contribution to the work of this Council was significant and he will be remembered proudly by us all.
41. The Young Adults Team won the Outstanding Practice Learning Environment Award at the University of Worcester Mentor Awards Ceremony and the Young Adults Team came runner up in the 2014 National Social Worker of the Year Awards recognising outstanding teams working in adult services.
42. Finally my personal thanks go to Dr Richard Harling, Anne Clarke, Sue Alexander and their teams for their hard work and innovative attitudes during the year.

Sheila Blagg

Cabinet Member with Responsibility for Adult Social Care

**(b) REPORT OF THE CABINET MEMBER WITH RESPONSIBILITY
FOR LOCALISM AND COMMUNITIES**

(To follow)