Agenda Item 15

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
10 JUNE 2019

PROVISION OF SERVICES

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to provide the Committee with an overview of how social care needs are met within the County, the way people receive services and the estimated levels of need locations.

Policy Framework and Previous Decisions

2. The Care Act 2014 introduced a national eligibility framework for social care to be provided by local authorities. The framework includes consideration of difficulties with tasks of daily living and wider outcomes, such as developing and maintaining relationships and their impact on well-being.

3. The Care Act statutory guidance in addition, states that 'high quality, personalised Care and Support can only be achieved where there is a vibrant, responsive market of services available'.

4. The duty to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area is firmly placed with authorities. In order to fulfil its duty to promote diversity and quality in service provision the local authority must ensure it has effective strategies to shape the marketplace and commission the right services.

5. The Care Act 2014 states that where it appears to a local authority that a carer may have needs requiring support, either currently or in the future, they have a right to receive an assessment to determine what those needs are. The Department acknowledges the unpaid support carers give to people, even if the person does not identify as a carer themselves. When working with people and families, staff across all teams are responsible for considering if someone is a carer. The Department has developed a range of services to meet the needs of carers – including the use of personal budgets, carers respite services and information and advice services.

Background

6. The County Council's Adult Social Care Service is a high performer in several areas. Adult social care national data collection focuses on 'met' need, i.e. people for whom local authorities are commissioning services. No data is collected that reports on the level of 'unmet' need.

7. The Department has delivered significant savings in recent years, undertaken service re-design and transformation and is the lowest adult social care spending County

Council in England. Recent analysis by IMPOWER rates Leicestershire as the fourth most efficient Council in the country and the highest ranked County Council when comparing levels of spend with performance.

8. The Adults and Communities Department was restructured in 2017 with locality teams based across six office bases; each locality compromises of the following teams:

- Working Age Adult – Disability;
- Working Age Adult – Mental health;
- Older Adults;
- Hospital.

9. Other services are provided on a countywide basis.

- Customer Service Centre;
- Review – community, building based and Section 117;
- Direct Service provision – Home Care Assessment and Re-ablement Team (HART), Short Breaks, Community Life Choices;
- Deprivation of Liberty Safeguards Team;
- Safeguarding.

10. The annual report of Adult Social Care performance refers to key performance metrics for the Department and shows areas of strong performance. However, access to information, service user quality of life and carer satisfaction are areas of concern. The Department seeks to address these issues by developing a more responsive carers service and also implementing the LLR Carers' Strategy agreed in late 2018. It has also developed an action plan to address the feedback from service users relating to their satisfaction and quality of life.

How requests for support are managed

11. Requests for assessments are received into the Customer Service Centre (CSC). During the baseline period 4 December 2017–2 December 2018, the CSC created and completed 32,947 contacts and 15,310 (46%) of these were transferred out of CSC to locality and specialist teams. Once it has been established that further assessment is required to consider whether a person may be eligible for services and how best to meet identified need, the case is transferred to a locality team to undertake the assessment. The case is then in most instances allocated to a worker within the team. The breakdown is as follows:

- Older Adults Service – 5,869 (38%);
- HART – 2,624 (17%);
- Working Age Adults (Disability and Mental Health) – 1,913 (13%);
- Specialist teams, for example 2-week review, review, Adult Mental Health Professional Service (AMHP) - 3518 (33%).

12. A further 1,386 (9%) cases are transferred to the hospital teams for assessment. Currently the average duration for processing in the CSC is 7.9 days but the aim is to reduce this as part of the new Adult Social Care Target Operating Model.

13. Of the cases not allocated for assessment, the CSC will transfer work to other teams to meet need; on average 12 cases per week are transferred to the Safeguarding

Team to make enquiries under Section 42 of the Care Act to manage immediate risk of harm. Further referrals are made to First Contact+, an online tool which helps adults in Leicestershire find information about a range of services in one place, and Assistive Technology, using aids and equipment to meet needs to support low level need. For housing related issues referrals can be made to the Lightbulb Service, which offers integrated housing support, targeted to maintain well-being and independence at home through specialist advice, occupational therapy input assessment and assistive technology for the home.

Care and Support - Assessing and Meeting Need

14. The Care and Support Assessment is intended to be a simple process that is proportionate, considers people's individual assets and strengths, and promotes independence and ownership of the process by the person and their carers. This is in line with the Department's current strategy, guidance and training for staff which reflects this approach, as does the communication with service users and carers.

15. Work is underway with Newton Europe to look at how work is managed in locality teams, with a view to reducing the time taken from a team receiving a request, an assessment being completed, and services provided, where eligibility is met. There are six teams for older adults and working age adults across the localities. 382 people are currently waiting for assessment in the six Older Adults teams, at an average duration of 35 days, and 225 people are currently awaiting assessment in the six Working Age Adults teams, at an average duration of 52 days.

16. Work is currently allocated according to urgency, presenting need and management of risk, with some cases being allocated on transfer from the CSC on the same day. Where required, care will be commissioned to meet immediate need and then a case allocated to complete further work.

17. Need can be met in a variety of ways. All eligible service users who have identified needs which cannot be met in other ways have an allocated personal budget which can be taken as either a direct payment, in order that they can purchase their own services, or they can ask the Council to arrange services on their behalf through a managed budget. Managed services are procured through contracted providers such as supported living, domiciliary care, residential care, carers' respite centres, shared lives and community life choices.

18. In some instances, people take a range of these options, so they may have a direct payment for a component of their care whilst also receiving a managed service such as set out above.

19. The Department also retains a range of in-house services, for example, HART, Crisis Response Service, and a range of services to meet eligible need, for example Community Life Choices, Shared Lives and learning disability respite care and supported living.

20. The take up of direct payments reached a peak in 2017 following the procurement of a new service to deliver home care, and the majority of care was delivered under managed services for people over 65. Significant numbers of people over 65 chose at that time to take a direct payment to stay with their existing providers. There are currently 2,418 people in receipt of a direct payment in Leicestershire which is a reduction of 249 fewer people over 65 taking direct payment compared to figures for

1 December 2017. The numbers of people under 65 in receipt of a direct payment remains relatively stable over the same period with only 45 fewer taking a direct payment.

21. The table appended at Appendix A shows the trend in service delivery across a range of provisions over the last 18 months.

22. The Department monitors the time taken to allocate packages of care to domiciliary providers. The table below shows the numbers of packages of care waiting to be allocated between March 2017 – April 2019:

Total Requests for Care Waiting on ACL - March 2017 to April 2019
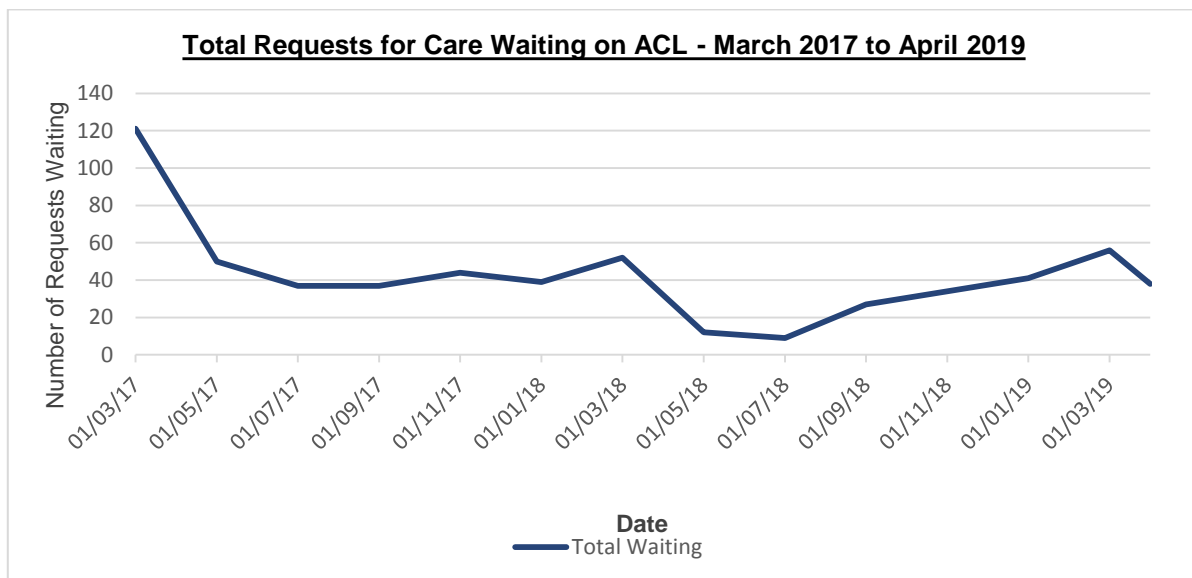
23. There has been a downward trend on the numbers of people awaiting care once people have been assessed as having eligible needs and who have chosen to have their needs met through a managed service. In March 2017, a total of 121 requests were waiting; this dropped to nine by July 2018. In August 2018, the Department changed the way that care was requested from providers and all requests for home care have been recorded by the Brokerage Service.

24. The requests for packages of care are recorded into eight different categories relating to the reason for the request: New User, Hospital Discharge, HART Transfer, Agency Withdrawal/Change, End of Life/Other, Transfer from Residential Care, Direct Payments Handback and Adjustment to Existing Package of Care.

25. It should be noted therefore that many of the people on the list will already have care in place but are awaiting an adjustment or change to their care arrangements. The highest number of people awaiting a package of care are, however, new users. It should be stated that new user does not mean that a person is not receiving any support but may be having their needs met through informal arrangements that cannot continue to be met on a long-term basis.

26. Over 70% of people have packages arranged within two weeks and over 90% within four weeks. The highest number of requests waiting have been in Harborough, followed by Melton Mowbray. Evidence suggests that these are the two most difficult areas for sourcing home care due to the concentrations of rural villages in these areas and other market elements such as high levels of employment.

27. The map attached at Appendix B highlights the areas of the county where it is most difficult to source domiciliary care packages:

Quality of Services

28. The quality of the nursing and residential placement market is generally good, with 77% of residential and nursing units being rated as Good by the Care Quality Commission (CQC). The figures for domiciliary care services also rate favourably when compared to similar County Councils.

29. The tables below show, as of 18 March 2019, the published CQC ratings for residential and nursing homes in Leicestershire. The data is taken from the CQC local authority area data profile - Older People's pathway (report dated 18 March 2019):

Nursing care Performance

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	20% (6)	77% (23)	0% (0)	3% (1)
Comparators	2%	19%	69%	5%	4%
England	2%	23%	67%	3%	5%

Residential care Performance

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	3% (5)	13% (20)	77% (115)	3% (4)	3% (5)
Comparators	1%	13%	77%	5%	5%
England	1%	14%	78%	3%	5%

30. The table below shows, as of 18 March 2019, the published CQC ratings for Domiciliary Care services in Leicestershire:

Domiciliary care agencies performance CQC data

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	9% (9)	69% (68)	3% (3)	18% (18)
Comparators	0%	7%	70%	5%	18%
England	0%	10%	64%	3%	22%

Challenges and the Legislative Framework

31. There is very limited research on unmet need in adult social care. The National research - IPSO MORI Unmet Need Final Report 2017 - asserts that unmet need for social care is widespread and affects all parts of society. Not all of this unmet need is recognised by older people or picked up by surveys. However, managing to cope, but with impacts on exhaustion and pain, or by limiting expectations, is an indication of unmet need. Furthermore, in this research older people raised unmet need for social contact and mobility as being as important, if not more important, as meeting the basic needs of daily living. The links between unmet need and well-being were

found to be related to the pressures involved in coping day to day, the associated loss of wider interests and mobility, and lack of social contact.

32. A report produced by the Kings Fund – Key Challenges Facing Adult Social Care in England details that, 'levels of unmet need for adult social care are disputed, at least partly because of definitions. The Department of Health and Social Care classifies unmet need in strict terms:

For there to be a significant unmet need out there, either one of two things must be happening. Local authorities are not implementing the Care Act in the way that it was intended or expected to be, or the criteria in the Care Act are wrong, such that there would therefore be a lot of people who are not picked up in it. I do not think there is any evidence that either of those two things is in place.'   (Mowat 2017)

33. Alternative and more widely accepted definitions of unmet need are based on the estimated numbers of people who have difficulty with activities of daily living and do not receive all the help they need. Age UK estimates that there are 1.4 million people in this category, of whom more than 300,000 need help with three or more activities (Age UK 2018). This includes more than 160,000 people who receive no help at all, either from formal or informal care. The Local Government Association (LGA) estimates that it would cost £2.4 billion to meet the needs of these 160,000 people and a further £1.2 billion to meet the unmet needs of working-age adults (if, as it assumes, the level of unmet need in this group is the same as that in the Age UK survey) (LGA 2018a).

34. The challenge for social care is how to balance the need to support people with tasks of daily living, so that they are not left struggling with the basics of life at the cost of wider interests and relationships, while at the same time recognising the value that people place on their independence, managing by themselves and the contributions they can still make. The in-depth interviews, conducted by Age UK, showed that people in similar situations, in terms of the support available to them and their level of need could experience them in very different ways, with one relishing their independence and the other feeling they were merely coping and existing, or that they lacked the confidence to use the adaptations they had.

Workforce Pressures

35. Based on Skills for Care (National Minimum Dataset), the following information gives a County wide overview from March 2018. There are estimated to be 16,500 jobs in adult social care in Leicestershire - local authority 9%, private 82% and direct payments 8%. The estimated turnover rate is 29.9%. Staff generally retained within the sector with 60% of new recruits coming from within the social care sector. It is estimated that 7.5% of roles in the adult social care workforce were vacant. 85% of the workforce in Leicestershire are female.

36. Focusing on the Department, there are vacancies across the Adult Social Care Service, with key staffing pressures in the HART in-house specialist home care service and in the AMHP Service, which is a specialist mental health offer. The Department undertakes regular recruitment exercises to fill these vacancies.

37. The Department has also developed grow your own solutions, being of the firm view that this is the best solution over the long term, along with the following:

- Step into Social Work programme - Ten people have commenced as apprentices to complete the programme over three years. The University of Warwick is the Council's partner and the programme has been very well received with over 30 applications.

Resource Implications

38. The Department will need to continue to balance the requirement to meet all identified eligible needs through the provision of high-quality services with the requirement to deliver a balanced budget within the confines of Leicestershire's funding settlement.

39. The County Council currently has a net spend of £133m per annum (£223m gross) on adult social care, equating to 35.1% of total net spend. The 2019/23 Medium Term Financial Strategy (MTFS) identifies a growth requirement of £12m over the four-year period, however this does not include price and cost inflation, which will be significantly higher than the projected demographic growth requirements over the period. If the future cost predictions in the LGA document, 'The Lives We Want to Lead' were to be implemented, this would add a further £90m to £112m to the Council spend on adult social care in Leicestershire.

40. As Leicestershire's overall funding settlement results in one of the lowest spend per head so funding for social care in Leicestershire is also the lowest per head, and recent evaluations have shown that Leicestershire's adult social care has been deemed one of the most efficient in the country. However, this has resulted in reduced numbers of people receiving social care services, and until recently, reductions in average care packages with and increased proportion of funding spent on personal care with reductions to meet wider social needs.

41. In terms of unmet need the focus will be on improving the timeliness of intervention from the time an eligible request for an assessment of need is received to the time this assessment is undertaken and services subsequently commissioned. The focus is also to understand and reduce variability of practice across the county.

Conclusions

42. There does not appear to be relatively high levels of unmet needs for adult social care services across Leicestershire, and departmental performance is generally positive. Evidence and service delivery trends suggest that demand is being met in a timely, sufficient and safe manner.

43. Performance has been monitored in relation to managing demand, aligned to the Strategy for Adult Social Care 2016-2020, '*Promoting Independence, Supporting Communities*'. This strategic approach is designed to ensure that people get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and maximise people's independence. Work on developing the future Adults and Communities Strategy 2020-24 is underway, and stakeholders and the public will be consulted on the strategic direction and proposals in due course.

44. During 2018/19, 56% resulted in a preventative response, such as universal services or signposting. A further 22% resulted in a response relative to reducing need, such as providing equipment or adaptations and 13% resulted in a response relative to

delaying need, i.e. the provision of a reablement service that supports people to relearn the skills required to keep them safe and independent at home. Finally, 10% resulted in a long-term service such as a personal budget.

45. However, feedback from service users and carers self-reported satisfaction needs to improve and there is an action plan in place to drive these improvements.

46. Workforce pressures present a challenge, but through various initiatives the department is starting to address recruitment, retention and succession planning. A new, joint LLR Carers Strategy is in place and the authority is seeing an upward trend in take up of referrals and assessment of carers needs.

47. There are strong operational working relationships with Health in place. However, the department is experiencing pressures of demand around Continuing Healthcare, traditional health treatment and tasks being determined as adult social care, increased waits for therapy services impacting on service users and a lack of capacity in District Nursing provision. In response there are regular senior management meetings with health to address these pressures, agree shared arrangements and maximise the benefits of the Leicestershire pound across social care and health economy.

Background Papers

- Kings Fund Briefing - Key challenges facing the adult social care sector in England, Sept 2018 - https://www.kingsfund.org.uk/sites/default/files/2018-12/Key-challenges-facing-the-adult-social-care-sector-in-England.pdf)
- Leicester, Leicestershire and Rutland Carers' Strategy 2018-2021 – http://politics.leics.gov.uk/mgChooseDocPack.aspx?ID=5184
- 'The lives we want to lead' - LGA Green Paper for Adult Social Care - https://futureofadultsocialcare.co.uk/
- Adult Social Care 2016-2020, '*Promoting Independence, Supporting Communities*' - Leicestershire County Council Vision and Strategy for Adult Social Care 2016-20 http://corpedrmsapp:8087/Intranet%20File%20Plan/Departmental%20Intranets/Adults%20and%20Communities/2012%20-%2013/Departmental%20Administration/ASC%20Policies%20and%20Procedures/ASC_Strategy_2016-2020_P0358_12.pdf

Circulation under the Local Issues Alert Procedure*

48. None.

Equality and Human Rights Implications

49. When considering changes in policy or designing new service models to meet need, the Department will ensure that it meets its responsibilities under relevant legislative requirements. A list of all the Equality and Human Rights Impact Assessments completed by the Department can be found by the following link to the Council's website.

https://www.leicestershire.gov.uk/about-the-council/equality-and-diversity/equality-human-rights-impact-assessments-ehrias/adults-and-communities-department

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<u>Appendices</u>

Appendix A – Long Term Services
Appendix B - Map highlighting areas of the county where it is most difficult to source domiciliary care packages

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