

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY COMMITTEE		
SUBJECT:	ADULT SOCIAL CARE TRANSFORMATION		
DATE OF DECISION:	25 SEPTEMBER 2014		
REPORT OF:	Alison Elliott		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

In January 2013 the Council embarked on a transformation programme of the People Directorate, which included Adult Social Care. The principles of the transformation programme were improving outcomes for services users, maximising independence, reducing demand for services and making better use of resources. The redesign of Adult Social Care went live in April 2014 with the exception of the expanded front door.

RECOMMENDATIONS:

- (i) To note the contents of the report requested by the Scrutiny Panel

REASONS FOR REPORT RECOMMENDATIONS

1. Report requested by HOSP

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

DETAIL (Including consultation carried out)

3. It had been recognised that there were great opportunities for providing improved outcomes, services and cost reductions through the formation of the People Directorate.
4. One focus of the People Directorate Transformation was Adult Social Care.
5. There was clear evidence that in the Adult Social Care redesign the greatest opportunities for improved outcomes and reduced costs were in the way services are commissioned, the interface with customers at the 'front door' and the delivery of effective enabling services, particularly IT.
6. Adult Social Care continues to place a high demand upon resources, demographic changes and the introduction of the Care Act will only serve to increase demand.

The redesign of Adult Social Care was therefore driven by the need to

improve outcomes but also manage demand.

7. The front door, once agreed, will provide better information, advice and guidance in line with the duties placed upon the local authority in the Care Act. The single front door will be able divert and sign post a greater number of people to alternative services. It will ensure customers' needs are met at their first contact without be passed between teams. Decisions regarding eligibility, respite provision, increases and decreases in care will all be made at the front door.
8. Following an eligibility assessment at the front door most (80%) people who are eligible will receive a reablement service. This service works with individuals for a maximum of 6 weeks to maximise their independence. A new team of Occupational Therapists and care managers now work with CCFS to deliver reablement with a target of ensuring 60% of people receiving reablement no longer require long term care. There are capacity issues with the service so not as many people as we would like are able to access it but their performance is currently at 66%. There are plans to increase the capacity by improving productivity and co-locating with the Rapid Response service currently provided by Solent Healthcare.
9. For those people (20%) for whom reablement is not an option assessment and support planning is provided by our long term teams, one focusing on older people and one focusing on people with a learning disability. Adult Social Care have historically not undertaken statutory annual reviews. Therefore, a dedicated Review Team has been created with an action plan to address the backlog and then undertake reviews in a timely way that ensures care provided is meeting the needs of the individual.
10. A dedicated Safeguarding Team has been established to ensure the safeguarding focus is on the individual not on the provider or provision of service. A senior practitioner is also based in the Multi-Agency Safeguarding Hub to ensure adult's needs are identified and any adult safeguarding issues are addressed
11. The Hospital Discharge Team takes referrals direct from the hospital and focuses on ensuring safe, timely discharge. This team has struggled to meet demand and delayed discharges of care have increased as a result. A new team manager is now in place and creative plans have been developed with the hospital to enable nurses to discharge those people whose needs have not changed, without the need for a social work assessment. The hospital are also recruiting a manager of the Hospital Discharge Bureau to ensure coordination across the disciplines.
12. The redesign has been challenging for staff and it is clear that communication with staff should have been better. The delay in the introduction of the front door has also provided a challenge as the redesign was based on having a functioning front door in place from April 2014. The development of the Integrated Commissioning Unit (ICU) has been important in the redesign of Adult Social Care. The pooled budget and recommissioning of Carers Services will ensure carers continue to be supported.

13. The development of a placement team has resulted in care being commissioned by the ICU, freeing up social workers to focus on assessments and support planning. It also ensures commissioners are getting the best value for money and are able to manage the market more effectively, addressing the gaps in capacity. This service is currently operational for the Hospital Discharge Team and Reablement and will be expanded to all teams by January 2015.
14. The 0 – 25 service for children with special educational needs and disabilities (SEND) went live on the 1st September 2014 and will be expanded to include all children and young people with disabilities from April 2015. This will ensure that children and their families will be supported to prepare for adulthood much earlier and is a joint development from Children & Families and Adult Social Care supported by the ICU to ensure that a multi-agency service is developed.
15. Adult Social Care is about to pilot the use of laptops and tablets to facilitate mobile working. This pilot will support the development of a business case to expand mobile working across the Directorate.
16. The Better Care Fund will have further implications for Adult Social Care and is discussed in a subsequent paper.
17. Adult Social Care performance has improved as a result of the redesign in the following areas:
 - There has been a 20% reduction in admissions of older people to residential care compared to the same period in 2013 (April – July).
 - Permanent admissions to residential care have been reduced by 14.8%.
 - The number of people receiving community based reablement has increased by 92.4% (1,106 in 2013 to 2,128 in 2014).
 - The percentage of people receiving community based reablement who did not receive long term support during the reporting year increased by 13.7%.
 - The average length of waiting time at the Single Point of Access decreased from 42 days in 2013 (April – August) to 13 days during the same period in 2014.
 - The average length of waiting time in all teams (excluding LD) decreased from 58 days to 22 days.
 - The number of people with long term care plan reduced from 4,051 in 2013 to 3,801 in 2014 (April – August).

RESOURCE IMPLICATIONS

Capital/Revenue

18. None

Property/Other

19. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

20. None

Other Legal Implications:

21. None

POLICY FRAMEWORK IMPLICATIONS

22. None

KEY DECISION? Yes/No

WARDS/COMMUNITIES AFFECTED:	No
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SUPPORTING DOCUMENTATION

Appendices

1.	None
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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