

## **COUNTY COUNCIL MEETING – 14 DECEMBER 2012**

**Statement from: Cllr G A Marsh, Executive Councillor for  
Adult Social Care (including Supporting People)**

### **Re-ablement**

The new Independent Living Team (ILT) began on the 17 October 2012. ILT is composed of the current Community Response and Rehab Teams (CRRT) employed by LCHS, plus Assertive in Reach teams and our Lincolnshire Assessment and Reablement Teams (LARS). Integrating the teams will provide a joined-up approach to deliver better outcomes for people and make the best possible use of the resources available.

The Independent Living Team is supporting people in need of short-term support to facilitate discharge from hospital or to remain in the community. They are also supporting people with long-term needs, reducing the amount of long-term support they need. Activity for the first three weeks of the pilot has shown a marked increase in referrals and people in receipt of support. On average sixteen new referrals per day into the Independent Living Team – prior to the pilot new referrals accepted into to CRRT and LARs averaged six per day.

### **Carers Services**

The Council continues to extend support for carers. By statute, people who provide a substantial amount of care on a regular basis are entitled to an assessment of their capacity to continue caring (a “carer’s assessment”), and to access services to help them. In this context, carer refers to unpaid or “informal” carers who typically support a close family member, as opposed to professional care workers.

At the beginning of October commissioners invited tenders to establish a Framework Agreement for the provision of Carers’ Trusted Assessor Services throughout the county. It is anticipated the service will be delivered through community groups and voluntary sector organisations, and the Framework will be in operation from 1st January 2013.

The aim of the new Framework Agreement is, within available resources, to reach as many carers as possible throughout Lincolnshire, to offer them an assessment of their care and support needs, and to offer appropriate follow-up support. This work has been taken forward in collaboration with Lincolnshire Carers’ and Young Carers’ Partnership who have played an active role in designing and implementing the new arrangements.

### **Staff Development Group – Assessment & Care Management**

The personalisation agenda has required our staff in care management to develop new skills and knowledge particularly with respect to support planning, personal budgets and direct payments. In order to ensure that staff are meeting these new requirements, we have established a Staff Development Group which brings together a group of staff with representatives from a voluntary sector organisation who have direct contact with those who use our services. The group is currently co-producing an audit process that will compare the level of skills and knowledge of staff with a series of core competencies relevant to the process of assessing people

for services. The output from this audit will inform the training plan for staff for the next twelve months and should improve the quality of our face to face contact with the public during the assessment process.

### **Market Position Statement and County Infrastructure Plan**

The Service Development team within Adult Social Care have developed a series of documents that seek to describe the current Adult Social Care market, and to outline gaps and developmental opportunities across Lincolnshire. These documents include the Market Position Statement 2012/13 - which describes the ASC marketplace, provides a statement of the current provision, and outlines areas of demand and need - and the ASC County Infrastructure Plan 2012-2015 – which outlines the current types of development needed across the County, alongside the demand for such developments. Both of these documents will be published in November, with the Market Position Statement already receiving its statutory sign off by regional representatives. We have also developed a new ASC Capital Strategy 2012-2015 that outlines where LCC plans to invest capital funding within the ASC infrastructure across the County over the next three years. This will be published once signed off and agreed, with an anticipated publication date in December. LCC are committed to working with providers and developers in a co-productive way, developing strong partnerships and continuing to work together for new and existing communities, in order to create a sustainable ASC infrastructure across Lincolnshire. It is believed that these three new documents will support better understanding of need, demand and requirements and will support increased partnership working.

### **Learning Disability**

On 1 October, all the in house community supported living services were transferred successfully to external providers. This has provided a significant saving for the current financial year with a full year effect of £1 million from 2013. The emphasis is now on the future options for in house day services with a number of options being explored. We have had interest in taking over some of the current in house provision however there are also a number of new independent day services set up which individuals are choosing to access using a direct payment.

We have recently completed a bid to become one of twelve development areas for the use of Direct Payments for people with a learning disability in residential care. If selected the pilot will commence in July 2013 and last for two years

### **Performance**

To engage managers with performance, an Operational Scorecard has been developed. This shows performance at Team level and includes assessment and reassessment activity, personal budget provision, long term care admissions, staff sickness rates and average staffing levels (FTE).

There are pressures around the planned reduction in the number of admissions to residential and nursing care. At the end of Quarter 2, we were behind target. This in part was because of an unusual spike in the number of admissions recorded in August. A detailed analysis of these cases has been completed and identified that at the point of applications for residential care being made there is consistently good practice in decision making. Of the cases sampled there were no placement decisions where risks and needs could have been safely met in community settings. If the current rate of admission continues, by the end of March 2013 the actual number of admissions in 2012/13 will be approximately 15% higher than planned.

We continue to make progress with personalisation, in the second quarter of 2012/13 the proportion of eligible people receiving a personal budget has increased to 90%, which is in line with the target. The number of people choosing to manage their own care through a direct payment also continues to increase, with over 800 more people compared to the same period last year.

At the Customer Service Centre, performance is unchanged from Quarter 1. The ability of the Centre to support people and avoid their need for ASC to become involved is critical if ASC is to manage within a tight budget. This area is under review to see what can be done to improve performance.

## **Business Improvement Team**

### **Reassessment Project/ Eligibility Change**

The Reassessment project has now ended. The project enabled us to support 317 people out of ASC services and to ensure 1036 remaining with on-going support are charged in accordance with the Councils revised charging policy.

Of the first group of people who were supported to find alternative forms of support between 1st October 2011 and 29th February 2012, initial analysis showed that only 5% of cases required further intervention from ASC in the months since.

Of the second group of people who were supported to find alternative forms of support between 1st March 2012 and 31st July 2012, initial analysis shows that only 4.5% of cases have required further intervention from ASC in the months since.

A discrete project has commenced to deliver the commitment given by Executive to enable people with moderate or low eligibility supported by equipment to retain it. This will see approximately 1100 people given the opportunity to retain equipment to support their independence, outside of Adult Social Care freeing up capacity for us to support those with most need.

### **Systems Development**

The analysis and monitoring of the adequacy and stability of systems used across Adult Social Care and Commissioning continues, specifying improvement and identifying savings wherever possible. Adult Integrated Solutions (AIS) remains the primary recording tool used by Adult Social Care and is updated regularly to ensure it reflects changes in process and policy, supporting practice as effectively as possible in meeting the needs of the people of Lincolnshire. Recent developments have focused on enhancing Assessment and Care Planning tools with a drive to achieving improved data quality and to avoid duplication of work. There has also been investment in our existing Abacus system to streamline the payment of Direct Payments, which is due to go-live on 3 December.

At our informal Executive meeting in October we discussed the need for a better system to meet the needs of Social Care and Public Health staff to record, access and appropriately share information about clients that the Council provides services to and agreed the need for a more flexible and efficient system. A procurement exercise will now be undertaken to identify and contract for the most appropriate system to meet both current needs and changing needs as we work more closely with Health colleagues.

## Effective Use of Systems

*Improving Recording practices and improving Data Quality* – Staff across ASC and Business Support have worked to improve the quality of case recording and information available to the council about its work through a range of coordinated activities:

- Creating and regularly running a suite of Data Quality Reports
- A continuing programme of training and support to system users and development of new
- Ways of supporting people to use systems effectively
- Promoting best practice in recording through the Super User network
- Continuous development of AIS as the core information system

## Quality and Development

The quality and development team have continued to prioritise visits based on a quality risk profile. They have undertaken 126 visits since April 2012 - this has included close working with the safeguarding team where quality issues are identified. Feedback is given to the provider at these visits and the report, together with any improvement recommendations/actions.

The team now routinely analyse the CQC compliance reports which are published weekly to inform our priority level.

In response to the European Human Rights Commission report 'Close to Home' on home support we have completed a pilot audit of 3 home support providers. This included a 10% random sample of people using these services and a face to face visit in people's own homes. This has provided direct customer feedback to help inform future specification and quality monitoring. The pilot project has been very positively received by the people we have spoken to and their families. The project has now been extended to include one of our largest home support providers.

The team has also undertaken a review of Learning Disability care homes 1 year on from the Winterbourne scandal, which included 15 visits to care homes where CQC have not yet completed their compliance inspection. The finding will be used to help inform Lincolnshire's continued response to the national Serious Case Review relating to this case.

The quality and development team have also developed a process for care home closures to ensure that it incorporates national good practice and local learning.

## Workforce Quality and Development

### *'Making A Difference' With Person-Centred Dementia Care*

Lincolnshire's unique model of Outcome based training was showcased at the recent National Dementia Congress in Brighton. Delegates heard how the 2 and ½ day leadership and culture change programme, linked closely with LCC Quality Assurance / Contract Monitoring processes, has enabled Providers to consistently deliver real and sustainable outcomes for people who use services, including:

- Reduced anxiety, distress and disturbed behaviours for individual residents
- Increased meaningful activity and occupation
- Reduced use of anti-psychotic medication

- Increased involvement of, improved relationships with and support for family Carers
- Improvements to the internal and external physical environment
- Improved staff confidence, competence and morale