23 September 2015	ITEM: 12
Council	
Cabinet Member Report – Adult Social Care and Health	
Report of: Councillor Barbara Rice, Portfolio Holder for Adult Social Care and Health	
This report is public.	

1. Introduction

This is my fourth report to Council as portfolio holder for Adult Social Care and Health. As I have done in previous iterations, I wish to use this opportunity not only to reflect the challenges we face and the successes we have made over the previous year, but to raise the profile of what is both a vast and significant agenda.

My report is divided in to the following sections:

- Adult Social Care
- Public Health
- Health and Wellbeing

2. Adult Social Care

Key Challenges and Pressures

The budget for Adult Social Care is, and continues to be, extremely challenging. I featured the budget strongly in my last report to Council, and no doubt I'll be doing the same next year too. To date we've delivered the reductions required, but this has meant making difficult decisions – decisions that impact on service users, some of whom are the most vulnerable residents in the Borough. For example, as part of delivering the latest in-year savings, proposals include stopping paying for small items of equipment under £50 and increasing the charges for our services. We are also looking at how we deliver day care and extra care housing. We rely strongly on the funding we receive from the NHS and from charges. This equates to about 25% of our gross budget. How much longer we can continue to make reductions whilst delivering our statutory duties is uncertain, but I know that time is not far away.

The following couple of charts demonstrate the extent to which we have reduced costs for older-age and working-age client groups over the last few years. The charts help to demonstrate the significant commissioning and procurement work that has been carried out, and also the work carried out to ensure we are getting value

for money from our most costly external placements – bearing in mind that external placements equate to over 50% of our budget and can cost as much as £3k per week.

Chart 1 - Thurrock's gross spending trend on older clients per head of older population (2013/14 prices)

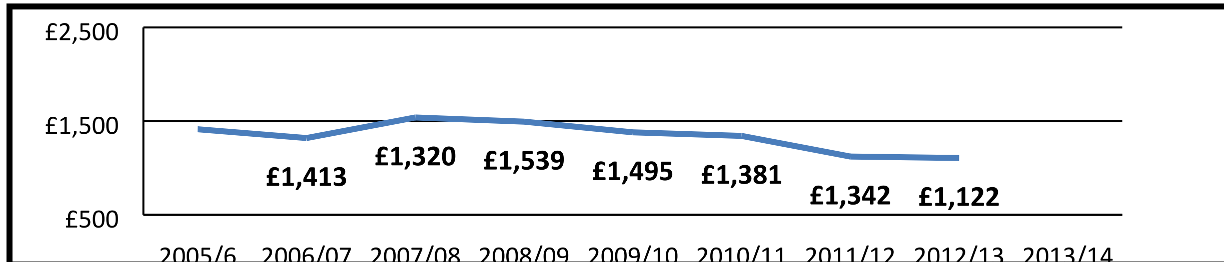
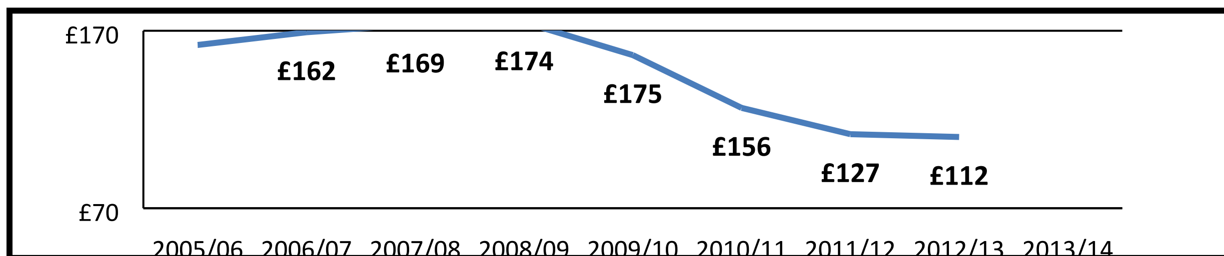


Chart 2 - Thurrock's gross spending trend on working-age adults with learning disabilities per head of working-age population (2013/14 prices)



Our budget amounts to approximately 40% of the Council's General Fund, and the majority of that budget is spent on external purchasing – e.g. with providers of domiciliary and residential care. The provider market is in an extremely difficult position – a national position that has been well reported in the media of late. With the potential introduction of a living wage and some providers unable to survive on existing contract values, additional budget pressures for adult social care are a certainty.

Demography continues to be a key challenge to our budget and to our ability to meet need. The numbers of adults with autism transitioning from children's services are increasing year on year, and these are often our most expensive care packages. The numbers of people with dementia are also increasing – between 5-10% per annum, as are the numbers of people with increased complexity – e.g. living with more than one long-term health condition.

Whilst we are taking steps to prevent, reduce and delay our residents from requiring care services, and looking to deliver care in different ways, the short-term picture is very testing.

Demand Management

Whilst the demand for services continues and the complexity of the cases that we see has increased, we are taking a proactive approach to keeping people out of mainstream services and from reaching crisis point. In short, we have had to rethink

our entire approach to delivering services and meeting need. Our approach includes developing alternatives to 'services' and looking at the 'assets' that exist within our communities. We know that the current system is not sustainable in its current form – for the reasons I've outlined in the section on 'key challenges and pressures'.

Part of our approach includes our successful **Rapid Response and Assessment Team** (RRAS), which is an integrated team with the community health provider. The service has seen a considerable increase in demand since its inception in April 2012, with over 300 referrals received on average each month. The service has expanded to include COPD and dementia crisis expertise – which are conditions linked to why individuals often reach crisis point and end up as emergency admissions to Hospital and/or unable to cope at home.

The team has continued to perform beyond expectation, with current outturns indicating less than 2% of service users being admitted to hospital and approximately 200 per month avoiding the need for a social care intervention. Over 83% of referrals are seen within 2 hours.

I want to highlight as part of our approach to reducing and managing demand our successful **Local Area Coordination** (LAC) initiative. Starting as a pilot in 2013 with 3 Local Area Coordinators (LACs) identifying and working with vulnerable individuals and their communities to share strengths and find local solutions, we now have Borough-wide coverage and have received national recognition.

The number of individuals the team see continues to rise, with excellent stories of how people have been helped to build resilience and have avoided services. This has included a profound impact on loneliness and isolation – often a cause of depression and decline of health. A number of referrals have come from GP practices – with GPs noting that some regular attenders at their surgeries are no longer coming through their doors.

Local Area Coordination is one element of the Council's 'Stronger Together' programme – aimed at building connected and resilient communities and individuals.

Transformation

We are working hard to transform our services so that we can continue to provide choice and quality despite the tough financial circumstances we find ourselves in. We have established an **Adults Transformation Programme** for this purpose. The Programme consists of the following projects and builds on work already started:

- Integrated Access – developing integrated access arrangements across adult social care and the current community health provider (NELFT);
- In-house Provider Development – optimising the configuration and operation of in-house provider services, including an evaluation of spin-out options;
- Fieldwork Redesign – optimising the configuration and operation of our social care fieldwork services, including an evaluation of spin-out options;
- Integrated Commissioning – to outline, agree and then undertake the steps required to achieve an integrated commissioning functions – with public health

and exploring possibilities with health;

- Market Management – creating a 'fit for purpose' provider market for adult social care; and
- Business Support – developing and evaluating a range of options for the development of a business support unit to support future transformation and service delivery.

Part of our transformation journey includes developing a market that supports the aims of the Council and of Adult Social Care – e.g. a market that allows people to have choice and to retain their independence. We have and continue to work closely with Housing and Planning colleagues to achieve this aim. For example, we have recently submitted a bid for Government funding to support the development of specialist housing for adults with autism. As I mentioned earlier, adults with autism transferring from children's services is a significant budget pressure, and one that is increasing year on year. We also continuing to work with our Housing and Planning colleagues to influence housing options that support people as they grow older – e.g. such as the Derry Avenue specialist housing scheme that I mentioned in my report last year.

Care Act Implementation

Part 1 of the Care Act 2014 became operational as of April 2015. I reported last year that we were working to ensure we were compliant. Our work over the year has helped to ensure that the necessary arrangements were in place as of April. This included our new Adult Social Care Information and Advice Portal which offers a range of advice for those want information about what we offer and how to access it. The Portal also offers advice about what's available in the community, not just about services.

We've also been working with our social care practitioners to ensure that when they carry out assessments, these are focused on what outcomes an individual wishes to achieve rather than only focussing on their needs. This also means looking at innovative ways of meeting outcomes and looking at what someone can do, and how their friends, family and community might be best placed to help. A key element of our approach is reducing dependency – but we recognise that a change in culture can take time.

The second part of the Care Act was due to be implemented from April 2016. This included a cap on care costs and an extension to the means test. As I reported last year, the part 2 changes would have meant an additional cost pressure as people would no longer have to pay care costs when their total care reached £72k.

The Government has recently announced that part 2 changes will be delayed until 2020. Whilst this is positive for the Council's finances, it is not a welcome announcement for those residents who pay for their care. We wait to see the outcome of the Comprehensive Spending Review in late November to see what has happened to the money that was set aside for the implementation of Part 2 of the Car Act.

2. Public Health

The Council gained responsibility for Public Health in 2013 as a result of the Health and Social Care Act 2012 and subsequent NHS reorganisation. I see this as an extremely positive move. The Team has already made quite an impact since 2013 and we recently appointed a full-time Director of Public Health, Ian Wake.

Public Health Grant

My report details the need for a focus on prevention – particularly if we are to manage and reduce demand and maintain and increase independence. I'm therefore extremely concerned that the Government has decided to make in-year cuts to the Public Health Grant – a grant that is supposed to be ring-fenced and is supposed to support the prevention agenda.

Whilst the exact reduction for Thurrock is currently unknown, it could be as much as £614k. The Government has announced that it is reducing the grant nationally by £200m, which is a 6.2% reduction.

I'm obviously concerned about the reduction for a number of reasons:

- It signifies a precedent for cutting ring-fenced grants;
- It impacts upon our ability to deliver preventative initiatives and potentially exacerbates existing health inequalities across the Borough and therefore increased demand for services; and
- The majority of our existing grant is already tied up in externally commissioned contracts leaving us little option as to how we make the cuts.

Health Improvement

Thurrock has a number of health outcomes that are significantly poorer than the England average. These include:

- Child and adult obesity;
- Smoking prevalence and smoking attributable mortality;
- Male and female life expectancy at 65;
- <75 mortality from cardio-vascular disease.

We know that the three biggest causes of premature death in Thurrock are:

- Cardio-vascular disease;
- Cancer; and
- Respiratory disease.

I am extremely pleased that with the new Director of Public Health, we will have a renewed focus on improving health in Thurrock. Over the past year, we have

established our Tobacco Control Strategy and also our Weight Management Strategy.

We are also working closely with Thurrock CCG to ensure that clinicians are supported to identify, prevent and manage some of the key conditions that result in premature mortality. I'm keen that a proactive approach is used to help people live healthier lives – and that means a range of partners playing their role, including individuals themselves.

Our Public Health Team has delivered a number of projects recently to ensure that staff and residents improve their health and are aware of how to live a healthy life. This has included the Thurrock 100 walking project that took place across 10 days in July; and Step Jockey – a project designed at getting staff to use the stairs more rather than the lift.

In addition, the Team has used some of its budget to support community-based initiatives. This is something extremely close to my heart as I have been delivering a number of chair-based exercise classes to older people living in sheltered accommodation schemes and residential care homes with clear results. There are individuals who previously would not have been able to walk unaided who now have significantly more mobility. I'm extremely keen that community-based initiatives continue as they are able to get right to the heart of the problem for less cost but with often better results.

4. Health and Wellbeing

The Council has a key leadership role in ensuring the health and care system improves and maintains health and wellbeing. This means working with, influencing, and holding to account parts of the system that sit outside the Council. It also means ensuring that the 'system' works together to prevent ill-health and enable good health and wellbeing. I am pleased that we are already making steps that will shift the system towards prevention – but there is more to do to ensure that all parts of the system play their part. This includes:

- Developing and implementing Thurrock's Stronger Communities programme in partnership with the voluntary and community sector;
- Influencing planning and housing to ensure we have adequate housing to support and maintain independence;
- Implementing initiatives the prevent people from reaching crisis point or from even requiring a service – e.g. through Local Area Coordination; and
- Funding community-based health improvement initiatives – e.g. via the Public Health Grant.

Primary Care

Whilst I know we are making progress in shifting the health and care system towards maintaining health and wellbeing, I do have significant concerns about some elements of the NHS. For example the Essex health economy has become so challenged that it is one of a small number of areas subject to a 'Success Regime'.

What that actually means in reality and how it's going to support sustainability is still unclear to me. What I'm keen to avoid is a further reordering of the deck chairs. I'm pressing to ensure that Thurrock has a voice in any plans that affect us – as I know that isn't always the case.

My biggest concern locally remains the quality and accessibility of primary care – particularly in relation to GP practices. Even more concerning is that I've been making the same points in my report each year, and I will continue to do so until I am satisfied that Thurrock's residents are receiving the service they should.

The failure is being felt acutely by some of our most deprived communities. In Tilbury for example, CQC inspections rated one surgery as 'inadequate' and another as 'requires improvement'. At another Tilbury surgery, the GP contract holder was suspended following an inspection, with the surgery being covered by locums.

I feel that Thurrock's residents are being failed in some areas of the Borough. Whilst NHS England has stated that work is taking place to address the issues, I remain to be convinced. The same concerns apply to the delivery of health checks for learning disabled residents, where the same issues appear to remain and some GPs still don't appear to be carrying out the checks they signed up to deliver. As such, improving the quality and capacity of Primary Care in Thurrock remains one of my top priorities.

Health and Social Care Transformation

We are continuing to work closely with the NHS on system transformation. This includes looking at progressing integration. I stated earlier in my report that this includes looking at integrated access between social care and the community health provider. We are also looking at integrating areas of commissioning – e.g. Mental Health and Learning Disabilities.

Other initiatives being explored are development of health and wellbeing centres. For example, we are working with the NHS to look at what a health and wellbeing centre on the new Purfleet development could look like. I feel this is a real opportunity for partnership working and is the kind of initiative that will make a difference to a community. This will mean that residents can not only access primary care services, but access to a range of other services, access information and advice, and also have access to community space. I hope to write about this more in the future.

Finance Report

Detailed below at Appendix 1 is a budget summary for the Adults, Health and Commissioning Directorate. We are currently reporting a small forecast overspend for the year end of £ 207k. On a budget of £ 30m net that is a small percentage but my officers are working to reduce that to zero over the coming months.

I have detailed above some of the budget pressures and financial challenges adult social care and public health are facing. Day to day our biggest challenge remains our external placements budget – demand is growing, pressures within the NHS

have a clear effect on us and costs continue to increase.

Packages of care can be very expensive and we are looking at more and more creative ways to deliver a better service at lower costs – another example is a scheme we are developing called Shared Lives which is an Adult Placement Scheme which will allow people with long term conditions to live with a Thurrock family – either short term or even longer term – rather than entering expensive residential care; we are moving a number of our residential care schemes over to Independent Living and we are working with our local providers to deliver more services locally rather than having to place people out of borough.

Conclusion

This is a portfolio that I feel passionate above but also enjoy enormously. Often it doesn't get the profile it deserves – locally or nationally. I will do everything that I can to ensure that some of the most vulnerable people in Thurrock get the best possible service they deserve.

Appendix 1 Service	Sub-Service	Revised Budget	Budgets to Date	Actuals To Date	Variance	Forecast Outturn	Forecast Variance
External Commissioning	Blue Badges	(19)	(4)	(3)	0	(13)	6
	Commissioning Team	335	153	137	(16)	262	(73)
	Health Watch	101	111	102	(5)	110	9
	Meals on Wheels and Assistive Technology	223	94	38	(55)	209	(14)
	Service Management and Support	(15)	(15)	(90)	(75)	(42)	(27)
	Social Care Performance, Quality, Information & Complaints	961	382	366	(16)	816	(145)
	Special Equipment	79	103	64	(38)	79	0
	Supporting People	1,140	475	526	51	1,154	14
	Voluntary Sector Contracts	528	380	435	55	607	79
External Commissioning Total		**3,333**	**1,677**	**1,574**	**(99)**	**3,182**	**(152)**
External Placements	External Purchasing - Learning Disabilities	9,338	3,899	3,419	(480)	9,419	81
	External Purchasing - Mental Health Team	2,256	940	880	(60)	2,467	211
	External Purchasing - Older People	5,016	2,090	2,899	809	5,002	(13)
	External Purchasing - Physical Disabilities	2,767	1,153	926	(227)	2,769	2
External Placements Total		**19,377**	**8,082**	**8,123**	**41**	**19,658**	**281**
Provider Services	Carers Centre - Cromwell Road	70	49	34	(16)	71	1
	Collins House Residential Home	621	372	547	175	797	176
	Community Mental Health Team	807	403	287	(115)	705	(102)
	Core Fieldwork / Extra Care Housing	2,619	1,583	1,524	(59)	2,623	4
	Day Care Services	424	219	203	(16)	464	40
	Hospital Team	362	291	253	(38)	412	51
	Joint Reablement Team	627	447	414	(33)	536	(91)
	Local Area Co-ordinators	18	119	132	13	19	1
	Older People's Mental Health	277	201	153	(48)	226	(51)
	Provider service management and Support	191	79	153	74	183	(8)
	Sitting Service	169	90	115	25	199	30
	Thurrock Lifestyle Solutions	1,492	769	953	184	1,518	26
Provider Services Total		**7,676**	**4,621**	**4,766**	**145**	**7,753**	**78**
Public Health	Staffing	770	321	418	97	770	0
	Commissioned Services	7,654	2,128	1,820	(308)	7,654	0
	Grant income	(8,631)	(4,316)	(4,361)	(45)	(8,631)	0
Public Health Total		**(207)**	**(1,867)**	**(2,123)**	**(256)**	**(207)**	**0**
Grand Total		**30,179**	**12,513**	**12,342**	**(168)**	**30,385**	**207**