

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	21
TITLE:	ADULT SOCIAL CARE TRANSFORMATION PROGRAMME - POLICY IMPLICATIONS		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report follows on from the 'Proposed Service Offers and Budget Proposals 2016-2019 to Narrow the Budget Gap' report presented to Policy Committee on 22 July 2015. That report outlined the budget savings proposals for each Directorate.
- 1.2 The purpose of this report is to highlight those areas where implementation of the Adult Social Care Transformation Programme currently underway requires Officers to implement a change of current practice in relation to existing policies, and to give early indication of instances where policy change may be required.
- 1.3 Members are asked to re-affirm their commitment to the implementation of the existing policy provisions relevant to activities described in this report, in particular relating to:
 - a) Contributing to further development of the vision outlined in the RBC neighbourhood strategy to create vibrant, thriving neighbourhoods and to work together to develop joined up services at a local level. This contribution would include the development (and subsequent use) of a broader range of housing options (both type and geography) for those with additional care needs to support a move away from institutionalised residential care, and to ensure sufficiency of appropriate options.
 - b) Increased support for care needs provided by community based services as opposed to more traditional centre-based models of care, and optimising the use of universal services.

- c) Focusing the assessment and care planning process on maximising independence. This may include:
 - d) Routine and proactive consideration and use of assistive technology to replace traditional people-based services like homecare.
 - e) Investment in short term support to return people to full independence, thereby avoiding the need to put in long term care packages.
- 1.3 Members are also asked to note that further review of the Charging Framework may be necessary to enable RBC to implement the principle of full cost recovery for those who are assessed as able to pay for their own care. Where provision is in future treated as a service for the care recipient, this may include the withdrawal of current subsidies (e.g. for respite care)
- 1.4 Although the majority of proposals in this paper are provided for within existing policies, in some cases the future application of the policy will mean a change for current or new service users and for staff, and this report is intended to make Councillors aware of the potential impact.

2. RECOMMENDED ACTION

- 2.1 That authority be delegated to the Lead Member for Adult Social Care and the Director of Adult Care and Health Services to implement the necessary changes in practice required to deliver the proposals in this report**

3. POLICY CONTEXT

- 3.1 On 20 July 2015 Policy Committee approved savings proposals for Adult Social Care totalling £6,709,000 over 3 years to 2017-18. These proposals are embedded within the Adult Social Care Transformation Programme, which totals over 60 discrete pieces of work. The six key savings projects relate to:

- 1) Adult Social Care Spend - Older People & Physical Disabilities
- 2) Adult Social Care Staffing - Older People & Physical Disabilities
- 3) Extra Care Housing / Supported Living
- 4) Adult Mental Health Services
- 5) Voluntary and Community Sector (VCS) / Neighbourhoods (preventative) services
- 6) Learning Disabilities Efficiencies in purchased services & support

- 3.2 All of these six proposals were agreed in full by Policy Committee on 20 July 2015, but a significant proportion of the savings these projects are committed to deliver are dependent on the implementation of existing policies and decisions which are not currently applied, or are only partially applied.

- 3.3 Areas that will require a change in practice:

- a) RBC offer a high number of intensive care packages (across all service types) which are expensive to maintain and don't always support the promotion of independence
 - b) RBC's total gross expenditure on adults with mental health needs is 9% compared to the national average of 6%
 - c) 58% of the Learning Disability budget in Reading is spent on residential care, as opposed to a National average of 38%. This means that we are not able to offer the community based life opportunity focused services that we would expect to offer to our clients with learning disabilities. The Learning Disability Transformation Project is a significant and varied piece of work for which a report will be forthcoming to Members with full proposals
 - d) RBC currently offers up to 4 weeks p.a. of heavily subsidised residential respite for cared for / carers without the requirement for a financial assessment. This is at odds with most other local authorities
 - e) RBC currently has high usage levels of low need packages (i.e. under 5 hours per week) for homecare. This needs to be reviewed to understand whether such services are appropriate and good value - in particular the high number of 15 minute home care calls which can impact on service quality and efficiency
 - f) RBC do not currently routinely consider making placements outside of the Reading boundary as part of the care planning process, despite the fact that cost is one of the criteria for decision making within the Choice of Accommodation and Additional Payments Policy, and that many older people in Reading may have family and social networks outside the Borough
- 3.4 The Care Act (2014) introduced National Eligibility Criteria for adult social care which creates a minimum threshold for access to funded social care services. Part of the process of transformation for all of our services will be to ensure that reviews of existing clients and assessments of new clients are conducted in accordance with the new criteria. This could mean changes to existing packages of care for some people or a different offer to newly assessed clients.

4. PROPOSALS

- a) The transition to a more modernised model of day services across Older People, Physical Disability, Mental Health and Learning Disability services. This model focuses on centre-based services for those with the most complex needs and a broader range of community based offers to promote independence and integration between cohorts
- b) Active review of individual packages of care across Older People, Physical Disability, Mental Health and Learning Disability, based on a measured risk model to ensure that support is appropriate to needs and national eligibility criteria and is maximising potential for the use of assistive technology
- c) In support of the vision to create cohesive, attractive and vibrant neighbourhoods, plans include a shift in the balance of accommodation provision from residential care to Extra Care Housing and Supported Living. This will enable us to offer more independent living solutions to a broader range of clients, which will support us in meeting the duty to promote independence
- d) A review of out of hours services with a view to making best use of existing local resources and promoting integration of Berkshire West and Health partners

- e) Proactive work to promote and encourage the take up of Direct Payments

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 The proposals outlined in this report are consistent with the Council's 3-5 Year Plan for Adult Social Care approved by Policy Committee in September 2014. They also contribute specifically to Corporate Plan (2015 to 2018) priorities 1,2,3 and 6 below:

1. Safeguarding and protecting those that are most vulnerable;
2. Providing the best start in life through education, early help and healthy living;
3. Providing homes for those in most need;
4. Keeping the town clean, safe, green and active;
5. Providing infrastructure to support the economy; and
6. Remaining financially sustainable to deliver these service priorities.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 The following public consultations have taken place to date:
- a) Improving Day services - closed June 2015
 - b) Voluntary Sector funding - open until 16 October 2015
- Further consultations will take place as appropriate according to individual service changes.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Equality Impact Assessments are currently being completed across the range of proposed service changes, as projects get underway and in accordance with Corporate policy

8. LEGAL IMPLICATIONS

- 8.1 The Care Act (2014) creates a new statutory duty for local authorities to promote the well-being of individuals. This duty - also referred to as 'the well-being principle' - is a guiding principle for the way in which local authorities should perform their care and support functions.
- 8.2 Section 2(1) of the Care Act places a duty on local authorities to provide or arrange services that reduce needs for support from people with care needs and their informal carers, and contribute towards preventing or delaying the development of such needs. Developing and maintaining a day activities offer and a variety of independent living options to meet a range of needs is an important part of discharging the Council's wellbeing and prevention duties. A separate report will be forthcoming which outlines the Council's proposed Wellbeing Strategy.
- 8.3 The services which the local authority is under a duty to provide or arrange under the Care Act are broadly defined, as wellbeing will mean different

things to different people (hence the need for a Wellbeing Strategy as referenced above in paragraph 8.2). Local authorities must promote individual choice and control over the services people choose, with more Adult Social Care service users being supported to use Direct Payments to purchase their own support services.

8.4 The Care Act also requires local authorities to carry out a needs assessment for any adult who appears to need care and support. The person will have eligible needs if they meet all of the following:

- they have care and support needs as a result of a physical or mental condition;
- because of those needs, they cannot achieve two or more of the outcomes specified; and
- as a result, there is a significant impact on their wellbeing.

The outcomes are specified in the Care Act regulations, and include people's day-to-day outcomes such as maintaining nutrition, managing toilet needs, developing personal relationships, and making use of services in the local community. As part of the process, the authority must consider other things besides formal social care services that can contribute to achieving an individual's desired outcomes, and whether any universal preventative services or other services available locally could help that person stay well for longer.

8.5 Members are under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act 2010. In order to comply with this duty Members must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups who may be adversely affected by any of the proposed service changes under the Adult Social care Transformation Programme.

8.6 Members are requested to delegate to the Director of Adult Care and Health Services the authority to implement individual service changes in line with the strategic changes outlined in this report, and to require 6 monthly progress reports

9. FINANCIAL IMPLICATIONS

9.1 The Adult Social Care Savings Target of £6,709,000 is largely delivered via the projects within the Adult Social Care Transformation programme. This delivery relies on Officers having the delegated authority to implement proposals as described in this document and in the 'Proposed Service Offers and Budget Proposals 2016-2019 to Narrow the Budget Gap' report presented to Policy Committee on 22 July 2015, with full support from Members.

9.2 Financial risks include non-delivery of committed savings if projects are not progressed within the current financial year.

9.3 Value for Money

One of the cornerstone considerations for all projects within the Transformation Programme is that of value for money. These assessments will be included as one of the base criteria in all service re-design activity.

9.4 Risk Assessment

Key risks include:

- Service user / carer dissatisfaction with changes to care packages or service offerings
- Progress in transformation is too slow or undermined, preventing savings from being achieved as described
- Savings have been over-stated in initial estimates, requiring alternative plans to be created to close the gap

9.5 Each project will be risk assessed as part of the project governance mechanism to address issues that may arise as a result of individual service changes. The over-arching Transformation Programme Board will oversee key risks relating to service user safety, achievement of savings and compliance with statutory requirements

10. BACKGROUND PAPERS

- a) Strategic Approach to Adult Social Care 3-5 Year Plan (Policy Committee 22 September 2014)
- b) Proposed Service Offers and Budget Proposals 2016-2019 to Narrow the Budget Gap
- c) Adult Social Care Transformation Programme Project Initiation Documents and Savings Plan