

# WIRRAL COUNCIL

## FAMILIES & WELLBEING POLICY & PERFORMANCE COMMITTEE

2 FEBRUARY 2015

<b>SUBJECT:</b>	<b>Commissioning community services, managing the market and reducing reliance on residential and nursing care services</b>
<b>WARD/S AFFECTED:</b>	<b>All Wards</b>
<b>REPORT OF:</b>	<b>Director Adult Social Services</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>Portfolio Holder Adult Social Care and Public Health</b>
<b>KEY DECISION?</b>	<b>No</b>

### 1.0 EXECUTIVE SUMMARY

- 1.1 Wirral has traditionally had a relatively high level of reliance on the residential sector for older people's care. In comparison to other Local Authorities (ADASS Aqua Data) the proportion of the adult social care spend in Wirral on residential care is one of the highest in the region at 38% of the whole budget.
- 1.2 The high spend on residential care services reflects a position where the spend on community based services has been low. The market has had to be transformed through strategic commissioning to build resilience and quality.
- 1.3 The strategic commissioning paper Shaping Tomorrow 2012 to 2015 set out how the shift towards independence and community based services was to be achieved. The Shaping Tomorrow - Local Account 2013 reported on the specific commissioning actions that have supported a re-shaped market to provide capacity in local communities.
- 1.4 Contemporary data shows that the shift is continuing supported by more effective case management and take up of commissioned services focussed on independence.

### 2.0 BACKGROUND AND KEY ISSUES

- 2.1 The overarching commissioning strategy was developed to make sure that the principles of personalisation and the transformation of adult social care would be fully embedded in commissioning processes and practices.

- 2.2 Commissioning for the health and wellbeing of individuals meant helping local citizens to:
- Look after themselves and stay healthy and independent;
  - Participate fully as active members of their communities;
  - Choose and easily access the type of help they need, when they need it.
- 2.3 Commissioning for the health and wellbeing of a local population therefore included:
- Understanding and anticipating future need;
  - Promoting health and inclusion and supporting independence;
  - Identifying the groups or areas that are getting a raw deal, and giving them a voice to influence improvements;
  - Delivering the best and safest possible quality of care.
- 2.4 In order to achieve these outcomes the Council needed to continue the transformation away from a paternalistic, reactive care to a system focused on;
- Early intervention and prevention;
  - Reablement;
  - High quality personally tailored services.
- 2.5 The adult social care Local Account 2013/2014 reported on commissioning changes being made to facilitate the shifts towards a more independent model as set out above. The following changes should be noted between 2012 and 2013 indicating that commissioning activity and market re-shaping was already having an effect;

Area of care and support	2012		2013
People receiving an adult social care service	<b>9,674</b>		<b>9,861</b>
People receiving a Personal Budget/Direct Payment	<b>6,259</b>		<b>6,677</b>
Permanent Residential or Nursing Care admissions	<b>1,622</b>		<b>1,595</b>
People receiving a package of care	<b>8,052</b>		<b>8,266</b>

- 2.6 The Local Account provides a strong point of reference in explaining how the shifts have been made including the following initiatives that were delivered;
- Restructured assessment and care management teams into constituencies
  - Revised the contracts for reablement and domiciliary care providers into tiers based on neighbourhoods. This commission enabled the introduction and embedding of the ethical care charter principles.
  - Introduced dedicated Contract and Quality Assurance monitoring
  - Implemented a mobile night service
  - Developed Extra Care Housing schemes
  - Invested in an integrated commission for Step Up and Step Down services, supporting timely discharges and enabling people to avoid hospital admissions where appropriate
  - Revised the range of services to support carers

- Commissioned a focussed range of support services in collaboration with the third sector
- Reviewed day care services

- 2.7 In relation to activity in 2014 an ongoing decrease in placements has been reported between April and November 2014; there has been a 10% reduction in permanent care home placements compared to the same period in 2013.
- 2.8 In the past, up to 75% of permanent care home placements were made following a period of short term care which resulted as part of a discharge plan from hospital care. Given the changing demographics and the subsequent increase in hospital admissions, the sustained reduction in numbers of placements made in 2014 is very positive.
- 2.9 In terms of Social Work practice we are leading significant changes. There is far greater emphasis on supporting service users to remain in their own home through independent living services such as reablement.
- 2.10 This is illustrated by the data on STAR reablement services which are delivered to service users in their own home, often following a period of hospital care or following a period of ill health or reduction in a person's abilities. The data on STAR activity shows an increase of **36%** in 2014/15 as compared to 2013/14. This shows that more people are being offered rehabilitation as opposed to traditional care packages. The outcomes for STAR cases demonstrate that the majority of service users move on to independence or reduced dependence on services following a period of STAR input.
- 2.11 The changes in practice are supported with a changed focus in strategic commissioning. Through joint investment with the NHS this has increased the number of short term intermediate care and transitional care beds, which provide therapeutic and convalescent care and support people to return to their own homes and also aim to reduce inpatient hospital care. The development of intermediate care services has included significant remodelling work to improve the joint approach between hospital, community Integrated Care Coordination Teams (ICCT) and intermediate care services.
- 2.12 Integrated Care Coordination Teams are beginning to demonstrate that a joint approach to health and social care is effective at keeping people at home and helps to avoid the need for permanent care home placements. Development around Integrated Care Coordination Teams continues at a pace, and reduction in the numbers of new permanent care home placements is one of the performance indicators that will demonstrate their effectiveness.
- 2.13 In addition, robust governance arrangements are in place to ensure that any requests for permanent care home placement authorisations are thoroughly scrutinised by Senior Managers before they are agreed. This scrutiny involves a detailed review of all options considered to support the person to remain in their own home and all alternative options to meet their identified needs through a partnership approach and through alternative funding streams.

- 2.14 Significant progress is being made via developments in operational practice, partnership working, joint commissioning and robust governance to ensure that the reduction in permanent care home placements is sustained. This is in the context of an increase in the older population with significant support needs.

### **3.0 RELEVANT RISKS**

- 3.1 Individual risks are taken account of in relation to personal support plans as part of the statutory assessment process.
- 3.2 Investments have been made in community based services in order to support the shift away from residential bed based services. A continued shift from reliance on residential care is a core part of the financial strategy for social care.

### **4.0 OTHER OPTIONS CONSIDERED**

- 4.1 N/A

### **5.0 CONSULTATION**

- 5.1 The commissioning strategy was subject to formal consultation.

### **6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS**

- 6.1 N/A

### **7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

- 7.1 N/A

### **8.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

- 8.1 The shift away from residential care has been taken account of in relation to the budget available for social care which has also included plans for investment into community based services in order to support the shift away from residential bed based services.

### **9.0 LEGAL IMPLICATIONS**

- 9.1 N/A

### **10.0 EQUALITIES IMPLICATIONS**

- 10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

No because the commissioning strategy was equality impact assessed, all individual care plans are personalised to the needs of the individual and their specific circumstances.

**11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS**

11.1 N/A

**12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

12.1 N/A

**13.0 RECOMMENDATIONS**

13.1 That progress in relation to performance against this important indicator is noted.

13.2 That Committee note the extent of significant market improvements that have been driven through strategic commissioning activity.

**14.0 REASON/S FOR RECOMMENDATION/S**

14.1 The report covers activity in relation to a key corporate performance indicator

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**APPENDICES**

**BACKGROUND PAPERS/REFERENCE MATERIAL**

Shaping Tomorrow 2012 to 2015  
Shaping Tomorrow - Local Account 2013

**BRIEFING NOTES HISTORY**

Briefing Note	Date

**SUBJECT HISTORY (last 3 years)**

Council Meeting	Date