Agenda item 14

Cabinet – 19 June 2013

Operating Model for Adult Social Care and Inclusion

Portfolio: Councillor Mrs B. McCracken - Social Care
Councillor I Shires – Community Engagement and Voluntary Sector
Councillor Ali – Public Health and Protection

Wards: All

Key decision: No

Forward plan: No

1. Summary

1.1 This report proposes an amendment to the Operating Model for Adult Social Care that was agreed by Cabinet in February 2012. It builds on the earlier operating model by putting a much stronger emphasis on prevention and early intervention as being the means by which most residents of Walsall with care and support needs get their initial help.

2. Recommendations

2.1 That Cabinet approves the proposed amendments to the operating model, as described in this report, for Adult Social Care and Inclusion.

2.2 That Cabinet authorises the Interim Executive Director of Social Care and Inclusion to carry out the required changes and to ensure that they are implemented following due process.

3. Report detail

3.1 In February 2012 Cabinet approved a policy paper which laid out the operating model for adult social care in Walsall. The emphasis in that paper was on the move towards personalisation through the developments of personal budgets in the Borough. This report proposes an amendment to that operating model by putting a much stronger emphasis on the role that prevention and early intervention can make as part of the offer that people in Walsall should receive before they are assessed as being eligible for longer term care and support.

3.2 All the evidence (supported by Government Policy for the last two decades) indicates that people wish to stay in their own homes as far as is possible and in older age face declining years surrounded by family and friends. Over the last decades services have been developed to maximise, restore and rekindle independence and self confidence, to work with citizens to recover the independent life style that they would want rather than prepare them unwittingly for a risk free and unnecessary dependency on institutional type provision.

In this operating model there is a strong emphasis on the need to constantly look towards maximising independence so that the choice is not specifically between which services to utilise but rather what skills, specific opportunities, and daily decisions making opportunities a person wants to restore and then maintain. This operating model is now focused on achieving outcomes and changing cultural outlooks; primarily a way of looking at disability, aging and capacity that maximises individual and community assets, focuses on prevention and not solely an approach to the provision of services

3.3 The change to the operating model would mean that all new customers (and some existing customers) will be channelled through a range of "preventive" services before they are assessed for longer term care and support. These services are designed to offer an immediate response to the person seeking help in a way that looks at options in which they can be assisted without necessarily assuming that they will need longer term help if this first intervention can resolve their problems.. The success of "preventive services" would then be demonstrated by fewer people needing long term help but people still getting their needs met in a timely and appropriate manner. These two approaches are demonstrated in the diagrams that are shown in Appendix 1 – both the current and the proposed operating model.

3.4 In the current operating model those that approach adult social services for help are either diverted to a community resource or advice service by the call navigators, who take initial inquiries, or they are assessed for the type of help they need. This has subsequently led to two specific problems. Firstly there are often waiting lists for people to receive assessments as the demand for help can outweigh the staff available to help them and secondly many people miss out on the option of a "preventive intervention". Preventive interventions should be able to respond quickly to a person in a crisis, hold the situation by arranging the immediately required care (if needed) and then work with the person to ensure that their longer term objectives are addressed.

3.5 In the proposed operating model every customer who contacts adult social care services will be either directed (as before) to a community / advice organisation or they will be assisted by the call navigators to use one of a range of preventive services, which already exist within the Borough.

3.6 The Health and Well-being strategy approved by the Council in May 2013 outlines the different types of preventive services that need to be in place. Four different approaches to prevention are identified in the strategy.

1. Universal provision.

These are the wider services that should keep people healthy and well – good diet, exercise, reduced smoking and drinking. We will ensure that any services that are targeted to the wider population recognise how they should ensure that older and younger people with care and support needs are affected by their programmes. We will aim to sustain the health of such people through checks and when prescribed supporting them in taking medication. It will include working with community resources to ensure that they reach out to people who are at risk of social isolation. This will include the development in adult social care of the Public Health Programme – "Every Contact Counts".

2. Services that are for people who have some needs but not critical enough to warrant an assessed social care intervention.

We will work with partners to identify those people who are at risk of needing further help and look to continue to target help towards them to reduce the likelihood that they will need long-term assistance. This may include ensuring that people have the right equipment, including use of telecare and telehealth. We will use housing related support and other services to assist people short term to avert crises in their lives. This will also include ensuring that the right housing options are available for those with care or support needs.

3. Services that support recovery, rehabilitation and recuperation which reduce the need for high intensity care.

This should include a response service which will look to meet the immediate care or support needs for any person who is in a crisis or a difficult situation. It will ensure that every person has the opportunity to address their immediate concerns and will not make a longer term decision with them until we are confident that all other interventions have been explored which might include falls prevention projects, managing incontinence, recovery support from illness, welfare benefits advice, housing advice etc. Much of this will be developed jointly between the local health and social care services.

4. Services that sustain a level of independence over time thus deferring the point at which people require the need for high intensity services.

This will include efforts to help people manage their conditions – the expert patient who knows when there are signs of a long term condition getting worse and know the personal actions they must take to reduce its impact. Programmes such as helping older people and their carers in living with dementia are being developed. Sometimes giving support to the carer on what to expect and how to limit the worst impacts of a condition can be a really valuable service and reduce risks of carer breakdown. Much of this will be developed jointly with local health services.

3.7. The preventive services that are currently offered in Walsall include:

* Intermediate Care in both community and bedded settings – including the Swift Ward in the Hospital, short-term specialist intermediate care; care at home and reablement.
* Community Alarms (and the response team), assistive technology and other aids to daily living supported by the establishment of a new Joint Equipment Store (at Electrium Point) and the Independent Living Centre in the town centre (next to Tesco).
* Support from a community social worker or a neighbourhood community officer, who can assist people to solve problems and put them in touch with local community services.
* A range of voluntary organisations who are commissioned by the Council to provide a range of care and support services including Age UK; Walsall Carers Centre MENCAP and other bodies.
* Housing related support services that offer specific short-term services to help people resolve problems.
* Sensory support services that assist people with visual and hearing impairments get the right help, the right equipment and rehabilitation to help them live with their condition.

* Community-based Dementia Cafes and a range of programmes that are designed to help people with dementia and their carers learn to best manage the condition.
* Community based health services that can assist a person with a long-term condition to become an “expert patient” and to help self-manage their condition.
* Crisis response teams from the Mental Health Trust working with people on the recovery model for mental ill health.
* Employment support services that assist into work people who have a physical disability, a learning disability or are recovering from mental ill health.

3.8 All of these preventive services already exist. However, a recent review by the Executive Management Team has indicated that these services are currently not well co-ordinated and as a result some people miss opportunities from the help these services can offer. One significant problem experienced in the first quarter of this year was the demand being placed on social care from an increased number of patients being discharged from the hospital. The internal review found that this led to too many people going into a short term emergency residential or nursing care bed – because alternative community based provision was not available. This has led to an increase in the overall numbers of older people who are now permanently in residential care. As part of the new emphasis on prevention through community based intermediate care, it is expected that this trend can be addressed and reversed.

3.9 As clearly shown in Paragraph 3.7 the Council and its partners have invested in a range of preventive services. However we are not always clear as to whether each service is delivering the preventive measures that the investment might warrant. To this end the Adult Social Care and Inclusion Directorate will establish a performance system that looks to measure the outcomes achieved by different interventions. This should assist in both monitoring current effectiveness and in determining future priorities for investment or disinvestment.

3.10 One aspect of preventive services that Adult Social Care and Inclusion will continue to explore is the relationship between the right housing environment and reducing care/support needs. This issue applies to the wide range of different people’s needs that we may have to meet. We want to continue to develop with Registered Social Landlords additional extra care and supported housing. We will also explore a dispersed or “virtual” model which will enable people to receive support through better use of assistive technology, in their own homes.

3.11 If this change to the operating framework delivers its intended outcomes – that it has prevented some people from needing longer term care through getting the right help to them at the right time in a speedy and effective manner the Council will expect to see a reduction of the numbers of older people being admitted to residential care (on either a temporary and on a permanent basis) and a small reduction in people needing packages of long-term care in their own homes. The Council would also expect to see more people with disabilities in employment or community activities. We would expect to be able to evidence that carers are getting better support and that more people are overall being helped by the Council but with fewer of these needing longer-term care.

Case Example:
Mrs Smith is an 85 year old woman who has been in hospital because she fell and broke her wrist. Whilst she has been in hospital she has not felt well. Everyone is concerned with whether she will be able to cope when she is discharged home. The family think that she ought to be considering residential care. The immediate response would be that her discharge would be clearly planned so that she received intensive help in her home with 4 visits a day which would enable her to get dressed; have food prepared at 3 times during the day and be helped to bed at night. At the same time the Occupational Therapist would assess her to see if there were any gadgets or aids that would assist her so she could start slowly to do some of these things for herself. The staff would spend more time with her – checking that any exercises that the physiotherapist has suggested to help her healing process were working for her. She might want to be linked to a community alarm service in case she has another fall. The falls prevention service would visit her and undertake a full check to ensure that the risk of a second fall is significantly reduced. Mrs Smith may identify that she has become socially isolated and staff would link her up to local activities in which she is interested – adult education or social clubs. A range of people would work together with Mrs Smith to monitor and help her recovery. It is most likely that after a few weeks she will be feeling stronger and better. The team would monitor progress watch her being able to do more for herself and manage a gradual reduction of the services up to the point when she could do most things. If her recovery was slower than expected the support would continue. If she continued to struggle there may be a stage where an assessment for longer term care would be necessary and appropriate. The evidence suggests that if the Council get this right that about two thirds of those who need help will benefit immediately from this approach. The other third would receive the longer term help appropriate to their needs. At the point of the crisis everyone will probably get a bit of help.

3.12 It is worth a slight word of caution about preventive services. There has been a widely held view in the United Kingdom that giving people a little bit of social care help can be an effective measure. However, a Canadian research project (The Impact of Preventive Home Care and Seniors Housing on Health Outcomes – Canadian HSURC Study – 2000) demonstrated that this is not the case. It evidenced that giving care in a way that encourages people to “give up” and to lose their independence prematurely can actually have the opposite impact. The study says that once someone starts to receive formal help there is a 120% increase in the likelihood their care needs will increase. Preventive services must therefore always be based on empowering the citizen and enabling them to take more control over their situation and not on taking things away from them.

3.13 If a safeguarding concern is reported to Adult Social Care and Inclusion the matter will immediately be addressed and investigated by assessment staff. Also any person where palliative care is required will be immediately assessed for that care.

4. Council priorities

Both the Sustainable Community Strategy and the Health and Well-Being Strategy for Walsall identify the importance of both prevention and promoting independence for people who have care and support needs. This amendment to

the operating model will enable Walsall Council to take a more co-ordinated approach to delivering the aims set out in those strategies.

5. Risk management

The financial challenges that the Council expects to face in the coming years may make it difficult to sustain some of the current investment unless we can clearly demonstrate that the investment being made is saving money. This will be a clear task for those running the operating model.

6. Financial implications

This proposed improvement to the current operating model is not expected in itself to cost more money. However, the recent reviews within the Directorate have indicated that a further investment in out of hospital community based care is required and £750,000 of funding that has been transferred from the NHS to the Council will be used for that purpose. Overall, the investment in preventive services should lead to a reduction in Council costs and officers have made an early estimate that if all this worked effectively in a way shown by the best performing Councils there is a potential for a £3-£4 million additional saving that could be made in a full year. This would be achieved from reduced use of both short and long term residential care and reductions in the use of smaller community care based packages.

7. Legal implications

Under the legislation (The Community Care Act 1990) the Council has a statutory responsibility to assess a person's needs and identify how these needs will be met. This includes an assessment as to whether the Council should meet those needs which is done through a combination of an eligibility assessment and a means test. Under the proposed operational model everyone who approaches the adult social care directorate will be offered some help based on a simple assessment of their presented need(s). From that initial contact either the person will be helped by another agency to which they have been directed or the Council will offer further help and guidance through one of the many services it offers as laid out in paragraph 3.7 of this report. At each stage that help is offered the assessment is taking place and a picture is built up of how best to meet the person's needs. At any point when those working with the person come to a view that they will need a long-term service a full assessment will take place. All assessments should be reviewed on a regular basis. For those customers where there is a clear immediate need that will not require or is unlikely to benefit from a preventive intervention e.g. palliative care or a safeguarding investigation an immediate response will include a full assessment.

The proposed changes will assist the Council in preparing for the new responsibilities that are being proposed in the Care Bill for Councils to have due regard for the well-being of citizens with responsibilities for preventive services.

8. Property implications

There are no known immediate implications.

9. Health and Wellbeing implications

This is clearly a key part of the delivery of the Health and Well-Being Strategy as identified in the body of the report.

10. Staffing implications

The change to the operating model may require some staff to move within the current structures that exist in Adult Social Care and Inclusion. Consultation will take place with staff and their Trade Unions on the proposed changes. There are no plans to reduce staffing levels as a result of this change to the operating model.

11. Equality implications

There are no foreseen equality impacts on these changes. The preventive services must be ethically sensitive and ensure that they address the different needs of all of the community.

12. Consultation

There has been no formal consultation on this change. However, feedback from major stakeholders, staff and community organisations has directly impacted on the thinking behind these proposals. Formal consultation with the Unions will be required to make a small number of structural changes in the Directorate.

Background papers

Health and Well-Being Strategy – May 2013

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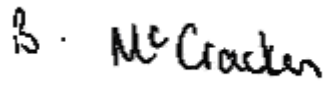


John Bolton
Executive Director

10 June 2013

Councillor McCracken
Portfolio holder

10 June 2013

Appendix One

Figure 1 - Proposed Operating Model

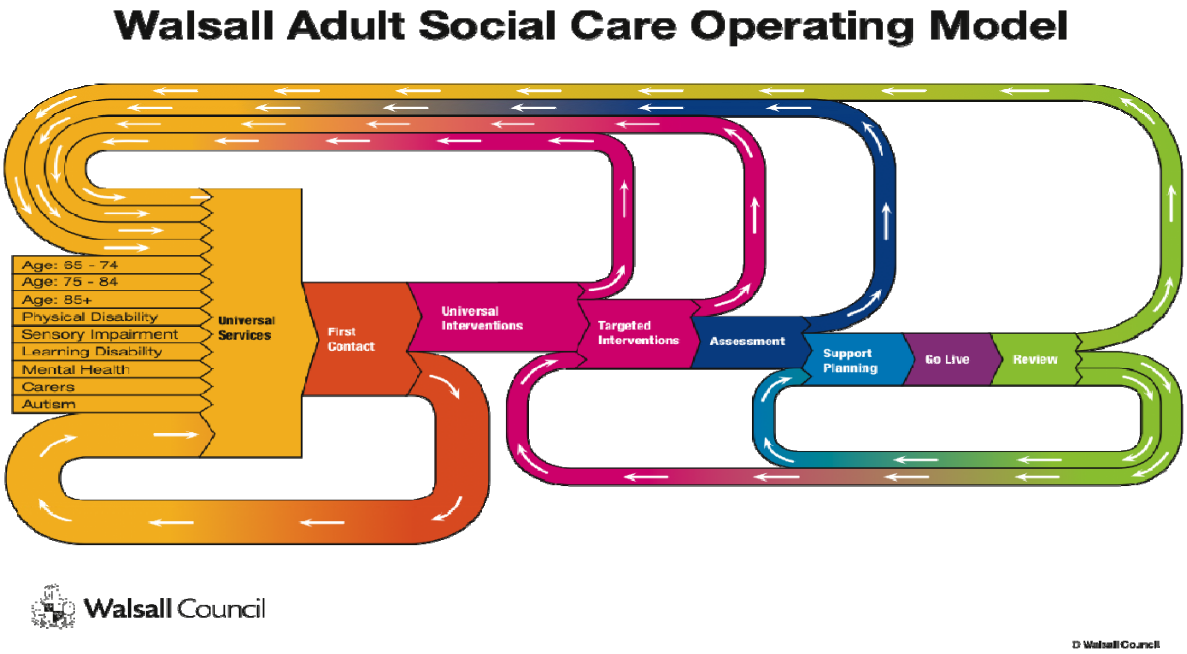
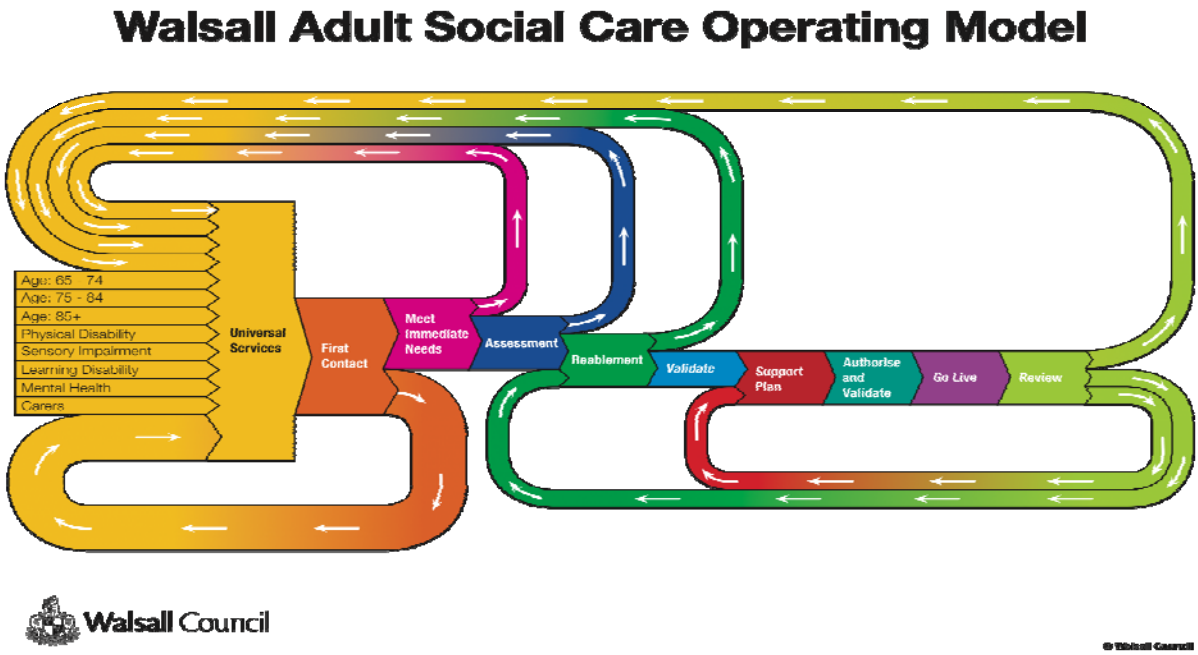


Figure 2 - **Previous Operating Model (as accepted by Cabinet in February 2012)**



The main differences rest in where the “assessments” take place. In the proposed

model the full assessment for eligibility for a personal budget takes place after preventive services have had the opportunity for maximum impact.