

## **Cabinet – 8 February 2012**

### **Adult Social Care transformation**

<b>Portfolio:</b>	Councillor McCracken, Social care and health
<b>Service:</b>	Adult Social care
<b>Wards:</b>	All
<b>Key decision:</b>	Yes
<b>Forward plan:</b>	Yes

#### **1. Summary**

- 1.1 The transformation of adult social care, under legislation and guidance from successive governments, continues apace. Some of the previous decisions of Cabinet on entitlements to services, cost ceilings and mechanisms for allocation of resources, have now been wholly or partly superseded by a new operating model which focuses on prevention and early intervention, personal budgets and self directed support.
- 1.2 This report seeks an updated mandate from Cabinet on the allocation of resources to vulnerable adults and older people in Walsall, based on the principles of Working Smarter and the government's vision for adult social care in England.

#### **2. Recommendations**

- 2.1 That Cabinet agree to the continued implementation of an equitable and fair process of allocating resources for care to those with greatest need – the substantial and critical bands within the Guidance on Eligibility Criteria for Adult Social Care in England 2010 (Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care).
- 2.2 That Cabinet affirm the primacy of the Adult Social Care Operating Model in the arrangement and provision of services in Walsall (see Appendix 1).
- 2.3 That Cabinet delegate to the Director of Adult Social Services and the Chief Finance Officer and annual review of the values of support packages based upon a resource allocation system.
- 2.4 That Cabinet endorses the approach and direction of travel in relation to the development of personalised adult social care services within available resources.

- 2.5 That Cabinet agrees a consistent approach in line with Working Smarter of paying all individual budgets for community based support net of the client's contribution, as is the case for residential placements. To deliver efficiencies all payments are processed, utilising Walsave bank accounts.
- 2.6 That Cabinet endorses the approach of supporting people within Walsall and returning them from out of borough into a community placement in preference to a residential placement, if such a placement meets their needs.
- 2.7 That Cabinet endorses the approach that all support plans for citizens receiving funding from adult social care will be within an Individual Budget allocation. The amount of respite will therefore be determined by the individual as part of their support plan.
- 2.8 That Cabinet note that in nearly all circumstances the service user, or their representative, will choose the provider of their care services, or will be supported to choose their provider.
- 2.9 That Cabinet rescinds the decisions taken on 13 January 2010, 14 April 2010 and 15 September 2010, as outlined at section 3.2, because these have subsequently been overtaken by decisions of the Coalition Government from May 2010 and faster than expected progress in service development within the Social Care and Inclusion Directorate.

### **3. Report detail**

#### 3.1 The new context

##### 3.1.1 Nationally

- The coalition government has published "A vision for adult social care: Capable communities and active citizens". This has much in common with the previous government's approach. It includes a national target for 100% of eligible adults and older people to have a personal budget by April 2013 to meet their social care needs. Personal health budgets for people with long term conditions are being piloted in parallel
- The Health and Social Care Bill is currently being scrutinised in parliament and legislation will follow, which is likely to include the transfer of public health to local authorities, the establishment of joint health and wellbeing strategies and the creation of Health and Wellbeing Boards
- Andrew Dilnot has published his report on the funding of adult social care
- The Law Commission has published proposals for reform of adult social care legislation, much of which currently stems from the National Assistance Act 1948, is widely regarded as having become overly complex, and no longer considered fit for purpose or reflective of reality and policy in the second decade of the 21<sup>st</sup> century

##### 3.1.2 Locally

- The Social Care and Inclusion Directorate has demonstrably improved outcomes for vulnerable adults and older people in the borough, meeting demographic and financial challenges, while delivering substantial cost savings.

- The Directorate's restructure has now been completed. The arrangement and working practices of all divisions now reflects the citizen's journey as expressed in the new adult social care operating model: from self help and self service through information, advice and signposting, to – where needed – assessment and the allocation of a personal budget with regular review. The whole model focuses on opportunities to prevent dependence and deterioration through enablement and re-ablement.
- The contact centre provides information, advice and signposting to sources of help, assisting people to find their own solutions without the need for state support or intervention.
- A focus on the use of assistive technology has been maintained, adding to existing tele-care services through tele-health monitoring in a joint initiative with the local NHS.
- A new Independent Living Centre providing equipment and advice has been developed at the new Tesco building in Walsall town centre.
- All new cases are receiving individual budgets in line with personalisation, and reviews of existing cases during 2012/13 will ensure that all service users will be given the opportunity to choose a different service provider if they wish to do so
- Adult social care services now work to the assumption that, in general, no younger adult with a physical or learning disability or experiencing mental health problems should be placed in long term residential or nursing care, and that their position and prospects are improved through opportunities for living with support within their own community.
- A major and continuing exercise is bringing people placed in long term residential and nursing homes outside Walsall back to the borough, to residential or supported living arrangements tailored to their individual needs and based upon individual assessment.
- The directorate's own buildings-based provision now focuses on re-ablement and respite care.
- An initiative in employment opportunities for adults with disabilities has resulted in over 50 placements made and the continuing development of a range of opportunities for younger adults.
- The level of compliments received by the directorate is greater than the number of complaints and representations
- Following extensive consultation a benefits based charging system has been introduced for adult social care services.
- The directorate's approach promotes the local economy, with services for Walsall people being delivered in Walsall, by Walsall people.

## 3.2 Previous Cabinet decisions

### 3.2.1 At its meeting on 13 January 2010, Cabinet resolved:

That the Usual Cost, Preferred Accommodation and Top Up Policy be approved.

### 3.2.2 At its meeting on 14 April 2010, Cabinet resolved:

(1) That Cabinet agree to the implementation of an equitable and fair process of allocating resources for care to those with greatest need – substantial and critical within the Guidance on Eligibility Criteria for Adult Social Care in England 2010 (Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care).

(2) That Cabinet delegate to the Director of Adult Social Services and the Chief Finance Officer an annual review of the ceilings for the values of critical and substantial care packages as set out in the table at section 3.5.

3.2.3 At its meeting on 15 September 2010, Cabinet resolved:

(1) That the Executive Director of Social Care and Inclusion be given delegated authority to award the Joint Commissioning Unit for Social Care and Inclusion contracts for the services as detailed below in this report over the value of £500,000, in consultation with the portfolio holder:

**Year 1** – (2010/2011) Older People (including frail elderly and extra care)

**Year 2** – (2011/2012) Vulnerable Adults (all vulnerable groups not included in year 1 or year 3)

**Year 3** – (2012/2013) Learning Disability and Mental Health (including Young Adults with Disabilities).

(2) That regular reports be brought back to Cabinet advising on the contracts awarded in accordance with the delegated authority sought.

### 3.3 Impact of new operating model

- The new operating model for adult social care is attached at Appendix 1. Entitlements expressed as services have been superseded by entitlements expressed as personal budget amounts through the resource allocation system.
- Differentiation of entitlements expressed as critical or substantial under Fair Access to Care Services bandings do not always reflect the reality of need.
- The publication of usual costs for residential and nursing care are essential in providing trigger points for third party top-ups but have been interpreted by some as either normal rates or ceilings. They are neither; it is individual assessed need that determines the level of funding.
- Rapid progress on the allocation of personal budgets and the development of local community based services has meant that far fewer older people are now being admitted to long term residential and nursing home care, and the presumption is that no younger adult should be admitted. The result of this is that phases 2 and 3 of the re-commissioning of services approved by Cabinet in September 2010 have not needed to proceed in the manner envisaged.
- Treatment of non-FACS eligible people – work is taking place on preventative services, development of community based solutions and early intervention using Working Smarter principles. Evidence to demonstrate the reduction of high level needs using these principles is being gathered under a pilot programme at Pheasey and Moxley.

## 4. Council priorities

The transformation of adult social care is fully in accordance with the Corporate Plan 2011/12 and Working Smarter. In particular it responds to the Corporate Priority:

### The Walsall we want for health and well-being

Prevention and early intervention will improve the health and well-being of all our residents and reduce the number of people requiring direct social care support.

All vulnerable people, young and old, will continue to be safeguarded through organisations working together for their protection. Those at risk of abuse or neglect will receive prompt intervention.

Older people and vulnerable adults will maintain their independence for longer and will have greater choice and control over their care, regaining their independence earlier where this can be achieved.

And specifically:

- Gaps in life expectancy in the least and most deprived areas of the borough are reduced
- Fewer vulnerable adults and older people need intensive support, and for shorter periods
- More vulnerable adults live meaningful lives in their own homes, with fewer people living in long term residential or nursing care
- Fewer unnecessary hospital admissions and more rapid discharge home from hospital
- Co-producing solutions with partner agencies, specifically DWP (Access to work contribution), Health (Continuing health funding) and the individual (Financial contribution).

## **5. Risk management**

There are currently a number of legal challenges and applications for judicial review against social services authorities in England in respect of:

- consultation on reductions in funding to individuals, third sector organisations and private providers of services
- changes to and application of eligibility criteria
- changes to and application of entitlements and cost ceilings
- systems and application of charging regimes

Walsall's approach to change is robust and any challenges will be robustly defended, but the risk exists. This is on the directorate's risk register and is being actively managed.

## **6. Financial implications**

None directly arising from this report.

The application of the new operating model and Working Smarter principles mean that outcomes for citizens will be maintained or improved while reducing costs. Strict budget management is in place, with frequent reporting and immediate initiation of any necessary corrective action to ensure a balanced budget.

## **7. Legal implications**

The risk management considerations referred to above should be borne in mind. These changes in policy or procedure have been the subject of extensive consultation, both in order to ensure appropriate involvement of all stakeholders and to mitigate the risk of challenge via judicial review.

## **8. Property implications**

None directly arising from this report.

The Directorate property portfolio has been reviewed. The new operating model aligns to Working Smarter and Smarter Workplaces principles. This means fewer office bases with fewer desks, and fewer buildings based services, with more services delivered in mainstream community facilities and people's own homes.

## **9. Staffing implications**

None directly arising from this report.

A major restructure of directorate has been completed, aligned to government and council visions for adult social care, the new operating model and Working Smarter.

## **10. Equality implications**

The current Resource Allocation System (RAS) now in operation allocates personal budgets, within available resources, based on assessed need, regardless of age or disability, thereby delivering equity between eligible service users.

## **11. Consultation**

Extensive consultation and engagement has taken place with a range of stakeholders as part of the delivery of personal budgets. This was addressed through a wider programme of activity, initially aligned to the national putting people first agenda, and subsequently as part of the design and implementation of the Target Operating Model. Engagement was undertaken as part of a comprehensive communication and engagement plan, which was delivered following extensive mapping and analysis of stakeholders.

The stakeholders included:

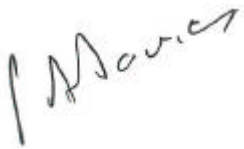
- Members of the public, people who use services and their carers
- Internal social care staff
- Internal council staff
- Elected members
- Providers within the health and social care economy, including private, voluntary and community sector
- Joint commissioners of services

## **Background papers**

Reports to Cabinet 13 January 2010, 14 April 2010 and 15 September 2010.

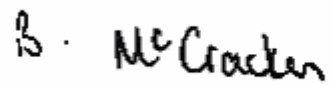
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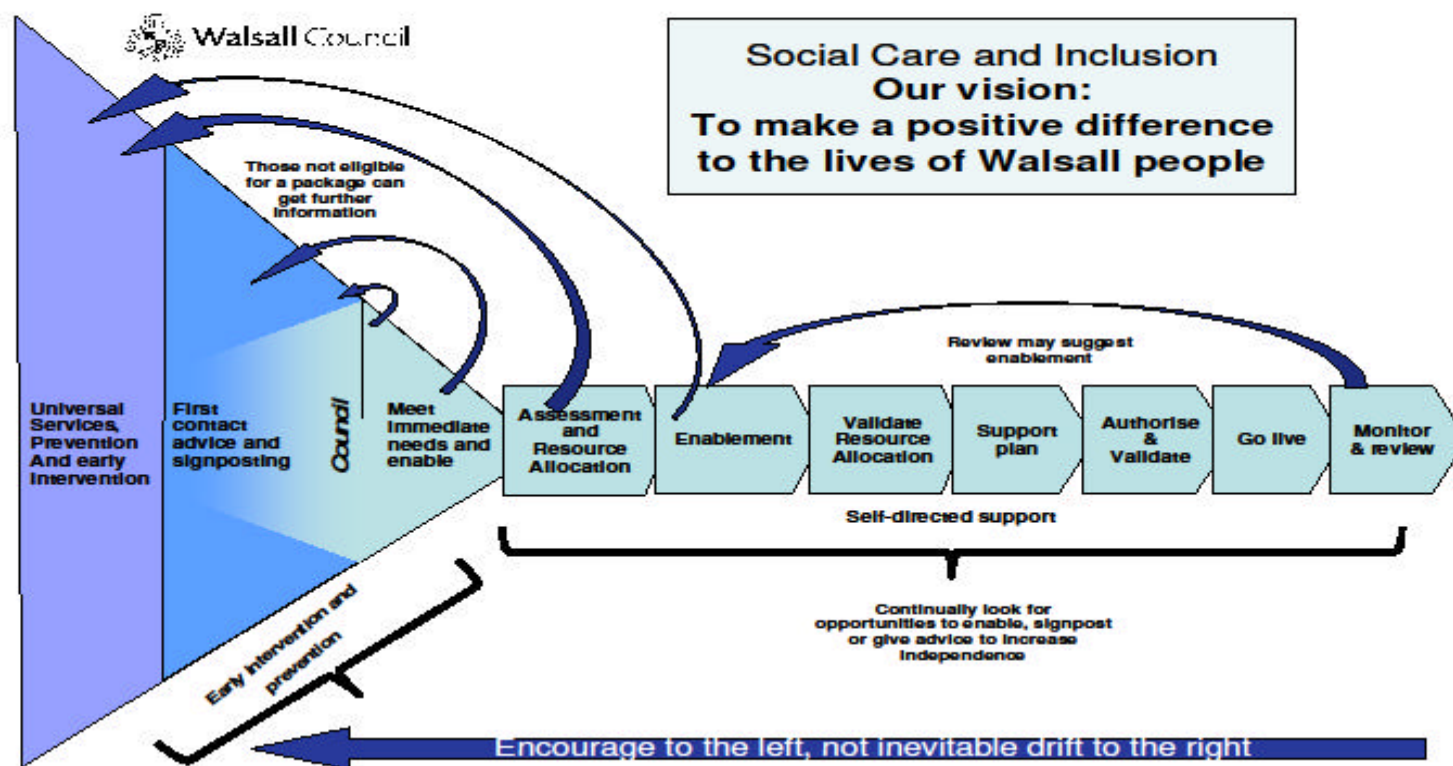
31 January 2012



Barbara McCracken  
Portfolio holder

31 January 2012

Adult Social Care Operating Model



The Target Operating model is designed to keep citizens Independent for longer: Key Objectives:

- Reduce the incidence/ complexity/ duration of care needs, giving **choice and control**
- Value for money, affordability and the achievement of jointly agreed beneficial outcomes.
- Shift in investment to the front end (in prevention and enablement) to create capacity at the back end (in meeting the needs of those with long term impairment) to enable us to meet increasing demand from an increasingly elderly and with static or reducing levels of funding.
- Emphasis on independent living for longer with different types of services delivered in different ways
- Reshaping and stimulating the market to respond to the outcome focussed model of service provision via world class commissioning



