

Executive

8 May 2018

Report of the Director of Housing, Health and Adult Social Care

Portfolio of the Executive Member for Health and Adult Social Care

Additional adult social care support and resources

Summary

1. This report describes the approach Adult Social Care is taking with partners to support people with care and support needs to maximise their independence and capacity to remain at home, avoid hospital admission and return home safely as soon as possible from hospital. This approach promotes improved wellbeing outcomes for more people, a strengthened health and care system and an improved approach to managing cost pressures.
2. Lengthy hospital stays can significantly reduce older people's ability to remain independent at home. Staying in hospital longer than necessary can lead to a process known de-conditioning through which people can become less mobile, more frail and at a higher risk of injury through falls. This report describes the approach the council is taking to prevent this by intervening early to plan discharge and investing in services to support people to return home, rather than need residential care. The report describes the move made by Adult Social Care to work 7 day/week on hospital discharges. Through weekend working the Council is avoiding unnecessary delays for people in hospital that have previously occurred.
3. The report describes progress to date and makes proposals regarding committing additional CYC resources of up to £800k, agreed in principle in the 2018/19 budget and the government grant of £457k to build on the measures already taken to support the health and care system and reduce Delayed Transfers of Care (DTC). The report makes proposals to invest in a system that promotes independence, investing in a range of community based interventions that reduces reliance on a traditional bed based approach. It also demonstrates the Council's commitment to strengthening the local health and social care system and contributes to

the response to the recent Care Quality Commission CQC Local System Review, improving how integrated pathways with partners, particularly the NHS, supports better outcomes for people 7 days per week.

Recommendations

4. The Executive is asked to:

- a) Note the report detailing the positive impact of the measures put in place to reduce Delayed Transfers of Care and alleviate system pressures faced by Health and Social Care.
- b) Agree to maintain the existing additional activity and release the £800k recurring budget from the funding set aside in the 2018/19 budget for pressures relating to Adult Social Care to fund the activities put in place and outlined in the proposals in this paper.
- c) Agree to release the £457k non recurring Adult Social Care Support Grant 2018/19 budget for pressures relating to Adult Social Care (ASC) to fund additional support as in the proposals.

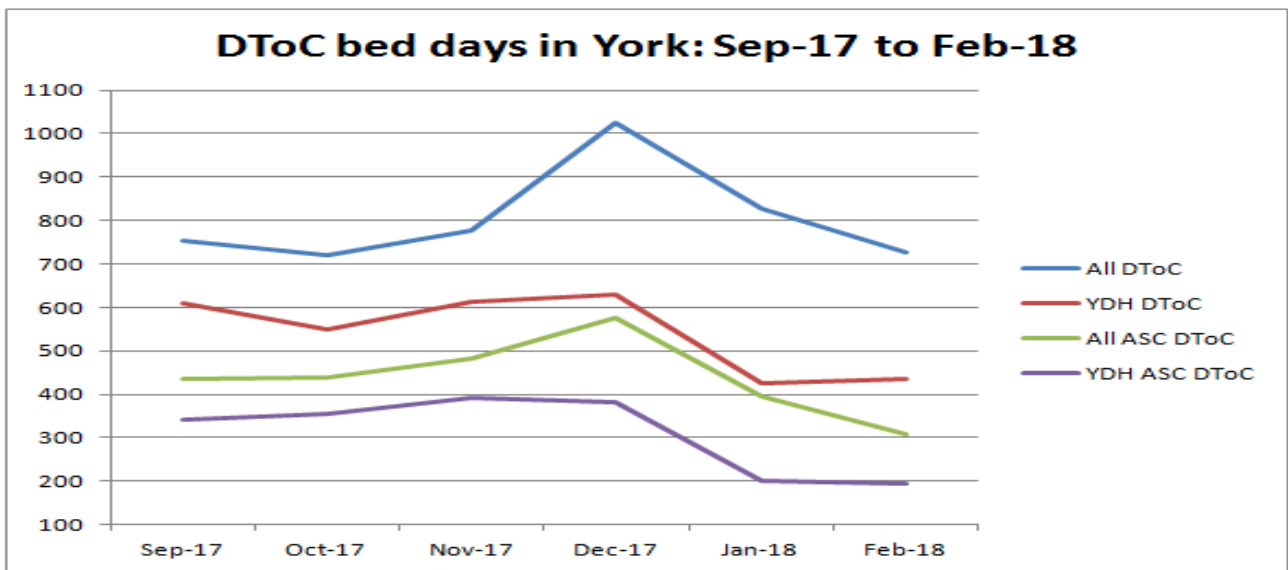
Reason: to reduce the number of people with social care needs entering acute care and staying in hospital longer than necessary; and to reduce the demand for formal ongoing health and social care; plus stabilise the local provider market to enable the Council to secure placements at a reasonable rate – therefore make more efficient and effective use of the resources available and support more people to maintain and or maximise their independence.

Background

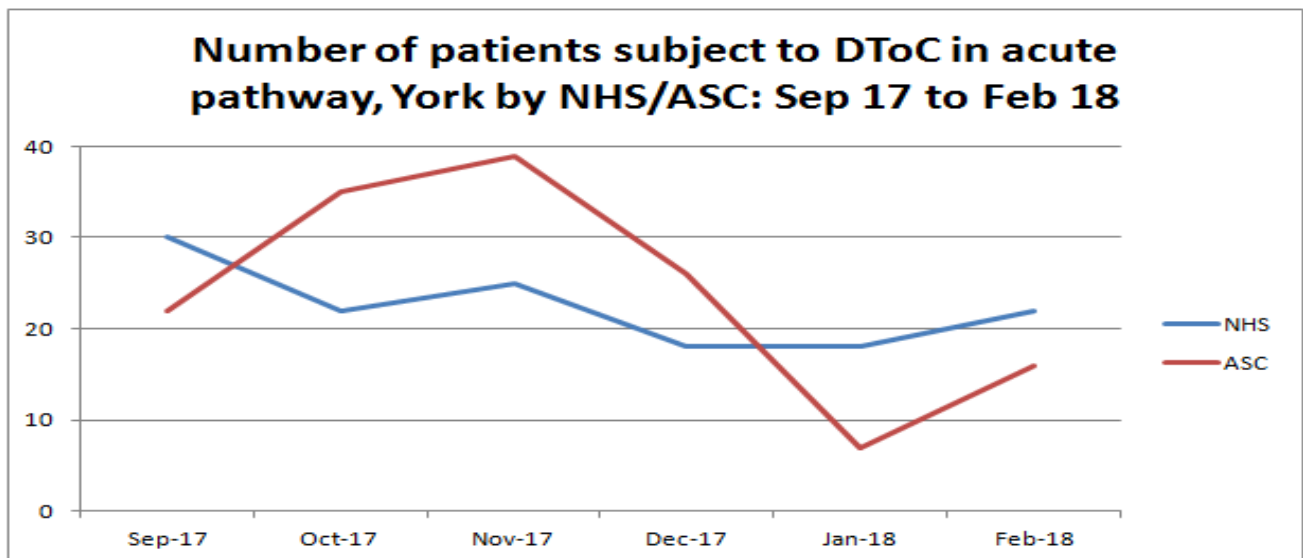
5. The Health and Social Care system faced many challenges over the past year in supporting individuals' health and social care needs. The level of demand has increased year on year and meant that York Hospital Foundation Trust and the Vale of York Clinical Commissioning Group (VOYCCG) faced significant operational and financial issues. They are not in a position to be able to expand capacity, for example, open an extra ward when required as has occurred previously over the "winter" period.
6. This additional system pressure has the potential to detrimentally impact on the health and care outcomes for local people, plus both the Adult Social care performance and budget. In response, CYC successfully

targeted its resources on schemes that ensured better outcomes, particularly for older people with care and support needs, improved system performance and mitigated against additional cost.

7. Additional capacity was provided into the health and care system by the Council from December 2017 to support people to remain more independent at home, reduce delayed transfers of care and consequently reduce pressure on the hospital, plus longer term increase in the use of residential care and the associated increase in costs.
8. In November 2017 almost 400 bed days were lost at York Hospital to adult social care delayed transfers of care. Through the initiatives and additional investment highlighted in this report the situation improved significantly with the numbers halved by February 2018. The graph below shows how performance in tackling delayed transfers of care, across all inpatient settings, particularly adult social care delays, has improved in recent months:



Following the councils investment, major inroads have been made in reducing the number of patients delayed in York District Hospital waiting for adult social care support, as this graph shows:



9. Concerns about DTOC are a national issue, therefore there was no surprise that CYC, along with other Local Authorities, received a letter from the Secretaries of State for Local Communities and Government, and Health and Social Care expressing concerns about the impact of social care delays and requesting that the council seek to ensure it did all that it could to support the situation, plus state that if the position did not improve they would consider taking direct control of the Improved Better Care Fund (IBCF). Due to continuing concerns about DTOC, based in part on the high DTOC figure in November 2017, a subsequent letter has been received 17 April 2017 stating that additional conditions will be placed on how our local IBCF will be spent. This confirms our need to adopt the pro-active approach outlined in this paper.
10. Adult Social Care staff developed a plan to tackle both the anticipated short term winter pressures and the longer term pressures of an ageing population with more complex care needs, largely by investing in preventative and home based approaches.
11. In the short term the measures taken in 2017/18 were managed from within existing resources where possible, plus a planned overspend. Adult Services subsequently requested that the Council set aside additional resources on a recurring basis and £800k was agreed in the 2018/19 budget.
12. Councils have been encouraged to raise an additional amount of Council tax in excess of normal increases to specifically help fund the acknowledged pressures on Adult Social Care; this is called the Adult Social Care Precept. Budget Council approved an additional 1.5%

increase in 2018/19 which is expected to generate £1,245k. However, ASC faced £2,160k of pressures relating to £1,560k of price inflation (estimated at 3% across external care budgets) and £600k for children with disabilities transitioning to adult services. Members agreed to fund this additional pressure (£915k) in addition to the precept as part of the budget process

13. Due to the level of DTOC pressures being experienced nationally and the knock-on impact onto the NHS, the Department for Communities and Local Government (DCLG) also announced in February 2018 that Government was intending to give Local Authorities a non recurring (one off) Adult Social Care Support Grant in 2018/19 - York's allocation is £457k.

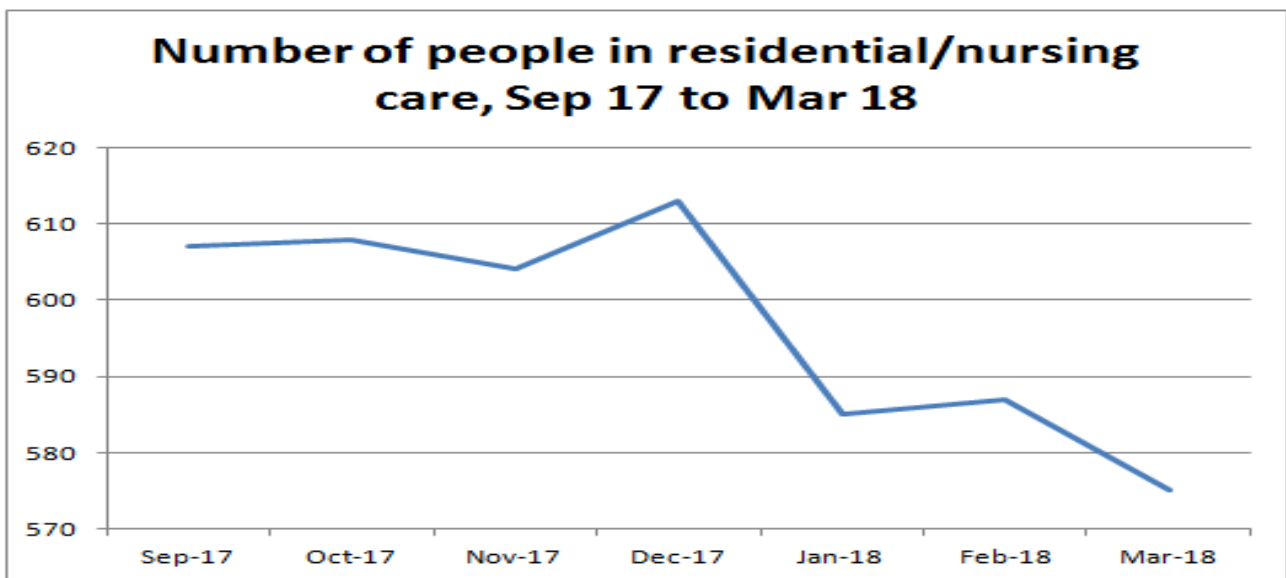
Successful initiatives introduced in 2017/18

14. The initiatives introduced in 2017 have had a significant positive impact on peoples' lives. These community based services supported over 150 people. Without these services the people affected would have remained in hospital beds longer than necessary and consequently more would have gone into permanent residential care, with significantly higher additional cost to CYC and the health and care system. There would also have been a wider system impact as "delayed transfers" would also have negatively impacted upon those needing to access acute services.
15. Attached at Annex A is a summary of these successful initiatives which have supported more people to maintain their independence and remain at home, leading to a reduction in delays in hospital and dependence on services.
16. From November to March, the additional capacity delivered by CYC enabled more timely discharge for those medically fit and ready to leave hospital, but also supported those who could not go directly home. A key emphasis was upon an increase in the reablement offer, resulting in some good outcomes - Figures for January showed 36% of people using the service subsequently required no ongoing care, and 27% had reduced care packages.
17. Equally the investment in the provision of 7 day social work / assessment provision at the hospital coupled with additional home care and reablement capacity has resulted in a significant reduction in delays at the hospital, and more people being supported at home.

18. In the short term we also invested in additional step-down beds to enable people to leave hospital pending putting in place the services aimed at helping them back home. By investing in this scheme we were able to support the hospital capacity to admit and treat acutely ill people over what is arguably their most challenging period in terms of demand.

Promoting Independence and reducing long term cost to CYC

19. Although there are variations in demand due to seasonal issues, one of the most important benefits of the investment is to proactively manage growth in demand throughout the year, minimising the size of care packages and stemming the growth of people in residential care. The graph below shows that the success the council has had in recent months in reducing the numbers of people in residential and nursing care



20. The investment represents not only the commitment to a better life for people with care and support needs, but also demonstrates the Council's leadership within a multi-agency system. The schemes invested in have been developed and agreed with key partners, for example via the Better Care Fund and Complex Discharge Group. These initiatives are being monitored on a multiagency basis through these groups and their impact will be used exemplify a shift in the approach, and engage partners to support a shared approach and embrace a commitment to a more sustainable way of working, delivering better outcomes.

21. The creation of a place based improvement board offers the opportunity for the council to demonstrate both its leadership in implementing this new approach and to engage with NHS partners on a shared

commitment and responsibility to invest in an improved health and care system, based on sustainability, wellbeing and promoting independence.

22. Lengthy hospital stays have a significant long term impact on individual's physical capacity, in-particular reducing older people's ability to be independent through a process known as de-conditioning. This involves reductions in muscle strength, limiting mobility and increasing risks of falls. This in turn can lead to increased dependence on health and care services, resulting in admissions to long term residential care. Obviously this is something we are seeking to prevent, plus avoid the consequent additional costs.
23. The work that has been undertaken over winter to improve discharge directly home, where possible, through 7 day working, reablement and additional home care, has enabled us to support an average of 8 more people per week to return home over the past 12 weeks.
24. The increased investment in home care services, 7 day working and step down has supported people to leave hospital earlier, reducing the use of permanent residential placements and long term care packages.
25. Without early action in response to the system pressures, the estimated cost to the council would have been significantly higher. For example, the additional reablement services have prevented people requiring more costly long term care packages or residential care, avoiding estimated additional costs of 430k per-annum (based on the services preventing 1 person per week requiring intensive home care or residential care).

Recommendations on additional schemes

26. A review of the additional schemes has confirmed the benefit of investing in home based services; reablement is effective in helping people be more independent; working over 7 days per week has helped earlier discharge for people with care and support needs; step down beds in extra care have been effective in supporting people to return home rather than into permanent care; investing in home care services has reduced the need for step-down nursing beds and improved outcomes for those with the highest care needs as more of this group are at risk of becoming permanent residents in nursing homes; investing in home care services has freed up reablement capacity; and all of these initiatives have contributed to improving system capacity and reducing the longer term costs to the Council and partners.
27. Consequently the review has informed the following recommendations and need to :-

- Increase the level of reablement provision as an effective tool in enabling people to leave hospital and become more independent.
- Maintain 7 days a week social work and reablement coordination roles to continue to ensure capacity is available at weekends. This will be funded from money set aside in the Improved Better Care Fund to improved 7 day working.
- Promote and maintain the capacity and sustainability of home care services so that those needing ongoing support following reablement (or acute care) are able to access support to go home and exit the reablement service rather than going into nursing or residential care step down beds. The intention is in future to develop the use of step down beds in independent living schemes, where possible, as the setting is most conducive to promoting independence.
- Progress work already initiated with NHS partners on a bed review to how we best enable people with complex needs to move out of a hospital setting with a view to revising the current block contract for nursing care step down beds and set aside a sum to purchase up to two residential or nursing beds where this is the only viable option available.
- Maintain Personal Support Services (PSS) support, pending a review of how it currently works and any changes in its focus which could support better outcomes eg, linking the support to use of Independent Living Scheme beds.

Long term measures to address social care pressures

28. During late summer / early autumn 2017, there was a noted increase in Delayed Transfers of Care. Measures taken on an initial basis have resulted in a significant improvement in performance with reduced DTOC as highlighted in paragraph 7. The Council however needs to maintain this investment to support Adult Social Care to proactively manage the on-going demand, plus to develop our approach to preventing and reducing this demand, where possible. Failure to do so will inevitably lead to increased demand and costs.
29. There are two funding sources available to support the proposals:
 - £800k recurring contingency set aside in 2018/19 budget.
 - £457k non recurring Adult Social Care Support grant announced February 2018. The grant is not ringfenced and has no conditions attached, however the Secretary of State has written to Local Authorities stating an expectation “to see councils use it to build

on their progress so far in supporting sustainable local care markets.”

30. A summary of the schemes proposed using both the additional £800k recurring funding and the £457k grant are attached as Annex's B & C.
31. The proposals highlighted in Annex's A, B and C of this report describe initiatives that will support people with care and support needs to remain at home living independently, avoid hospital admission, support the reduction in Delayed Transfers of Care by enabling people to return home as soon as is possible and provide a more stable provider market.
32. These proposals promote improved wellbeing for more people, an improved health and care system, and an improved response to cost pressures.

Council Plan

33. **The Council Plan, 2015-19**, sets out three key priorities with the second being 'a focus on frontline services' with two of the aims being that 'All York's residents live and thrive in a city which allows them to contribute fully to their communities and neighbourhoods' and support services are available to those who need them'. If agreed, these proposals will support more people to remain in their communities retain independence and achieve the individual outcomes they want.
34. **'York's Joint Health and Wellbeing Strategy, 2017-2022'** has four central themes (Mental Health & Wellbeing, Starting & Growing Well, Living and Working Well, and, Ageing Well) which fit with the proposals within this report especially Ageing Well as benefits will be to older and vulnerable adults.
35. This proposal also supports our aspiration for **'A Fairer York. City of York's Equality Strategy 2016 – 2020'** where in the introduction it states, 'We believe our city will only fulfil its collective potential if everyone who lives, works and visits here can reach their own individual potential, where people can access opportunities and realise their aspirations, and are not limited because of who they are or where they live'.

Implications

Financial

36. £1.257m (£800k of which is recurring) has been set aside in the 2018/19 budget to support Adult Social Care and the costs of the proposals are set out in the main body of this report.
37. This investment will reduce the potential future need for budget growth by investing in services which will support us to proactively manage the growth in demand by maintaining people's independence as long as possible and avoiding the need for more formal and costly health and social care.

One Planet Council / Equalities

38. Promotes equality in access to services to some of the most vulnerable and potentially disadvantaged people in York.

Human Resources (HR)

39. None

Legal

40. None

Crime and Disorder

41. None

Information Technology (IT)

42. None

Property

43. None

Other

44. None

Risk Management

45. There is a risk that if we do not invest in supporting people to maximise and maintain their independence and where possible divert them from formal care, it is likely that the Council will need to provide additional support for on-going growth in demands for care and need.

Contact Details

Author:

Michael Melvin
Assistant Director
Operations
Directorate of Housing,
Health and Adult Social Care
City of York Council
Tel: 01904 554068

Chief Officer Responsible for the report:

Martin Farran
Director
Housing, Health and Adult Social Care
City of York Council

Report **Date** Insert Date
Approved **tick**

Specialist Implications Officer(s) List information for all

Implication - Finance
Steve Tait – Principal Accountant
Tel No. 554065

Wards Affected: List wards or tick box to indicate all **All**

For further information please contact the author of the report

Annex A – Measures taken to reduce Delayed Transfers of Care

Annex B – Use of £800k recurring Adult Social Care Budget 2018/20

Annex C - Use of £457K non-recurring Government Grant

Background Papers:

All relevant background papers must be listed here.