

Report to: **Adult Social Care and Community Safety Scrutiny Committee**

Date: **13 November 2014**

By: **Director of Adult Social Care and Health**

Title of report: **RPPR savings plan: Care package reductions**

Purpose of report: **To update the Committee on the impacts of reducing individual care packages by an average of 30%, as part of the RPPR savings plan.**

RECOMMENDATIONS

The Committee is recommended to consider:

1. **The impact on users and carers of reducing care packages by an average of 30%**
 2. **Ongoing monitoring arrangements**
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1. Financial Appraisal

1.1 There are no additional financial implications arising from this report.

1.2 The 2013/14 to 2015/16 Reconciling Policy, Performance and Resources (RPPR) savings plan set out how Adult Social Care and Health would deliver the required £27.8m savings as part of the Council's RPPR process. Given the spend profile of the department, significant savings were identified from the community care budget, including reducing peoples care packages by an average of 30%.

2. Background and Supporting Information

2.1 In March 2013, Adult Social Care carried out an Equality Impact Assessment to consider how the changes to Adult Social Care services required as part of RPPR savings would be likely to affect people and, as far as possible, to put in place mitigations against negative effects. This Equality Impact Assessment was reviewed in July 2014 and will be reviewed and updated again in March/April 2015.

2.2 Since the savings plan commenced in 2013, a range of qualitative and quantitative data sets have been monitored to understand the impact of reducing people's care packages. Changes in personal budgets; movements between community based and residential services; safeguarding referrals; complaints and appeals; client and carer self-reported satisfaction are all monitored on an ongoing basis.

2.3 **Appendix 1** contains key messages identified through the ongoing monitoring arrangements. Some of these are highlighted below:

- For some clients in receipt of direct payments there is evidence that the level of funding has led to an increase in dissatisfaction, with people feeling that their expectations had not been met. Overall, it appears that the increase in people receiving direct payments has helped to increase people's choice and control over the support they receive. Adults and older people receiving a direct payment increased from 2,103 in 2012/13 to 5,237 in 2013/14.

- Listening to You survey results consistently show lower satisfaction rates for carers than other groups. Most commonly, their concerns relate to the lack of (or insufficient) support relating to funding levels or support for practical needs. As a key mitigation, Adult Social Care committed to protect funding for carers' services. Current rolling performance shows 5,756 carers receiving a service between October 2013 to September 2014, compared to 4,408 for 2013/14.
- There is evidence to suggest that people may choose a reduced personal budget and remain at home, with identified risks, rather than move into residential care.
- Reablement continues to provide positive outcomes. 80% of clients discharged during August 2014 have remained at home following Joint Community Rehabilitation (JCR) team intervention with no additional on-going support.
- There is no evidence of an increase in safeguarding alerts and investigations relating to the reductions in care packages.

2.4 Mitigations of negative impacts exist and continue to be developed. These include:

- Increasing reablement capacity, particularly through the independent sector.
- Increasing support through services such as Living Well.
- Developing support services available to carers and increasing the overall budget for carers.
- Using a 'Needs based support tool' which outlines alternative cost-effective ways to meet clients needs. For use in support planning the tool can, for example, identify where Telecare type solutions might be useful.
- Strengthening Local Communities programme including 'Pub is the Hub'; befriending schemes; Dementia Action Alliances.
- Supporting practitioners through training e.g. reablement training; promoting community options; specialist training to ensure equity is considered through the assessment process.

2.5 In May 2014, weekly funding panels were introduced across the Neighbourhood Support Teams. Panels already existed in Mental Health and Learning Disability services. The panel approach ensures a further check on decisions made about funding care in terms of client safety, appropriateness of support plans and value for money. The weekly panel process increases the level of scrutiny over community care spend and increases the overall consistency of support planning, within the context of needing to reduce individual packages.

3. Conclusion and Reasons for Recommendation

5.1 The positive and negative effects of reducing care packages continue to be monitored through a range of quantitative and qualitative measures.

5.2 An ongoing reduction in commitment against the community care budget has been achieved, as reported through RPPR quarterly monitoring.

5.3 Monitoring the impact on clients and carers and the effectiveness of additional mitigations will continue. This monitoring will extend to incorporate the effect of Care Act changes on service delivery.

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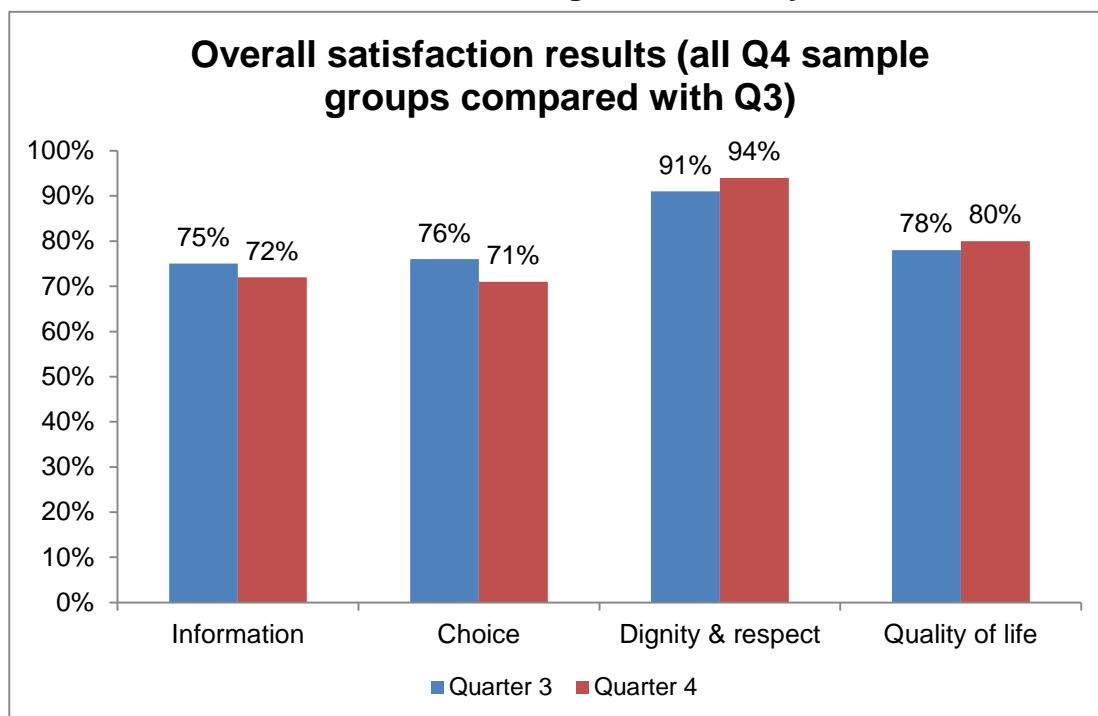
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Key messages from monitoring information

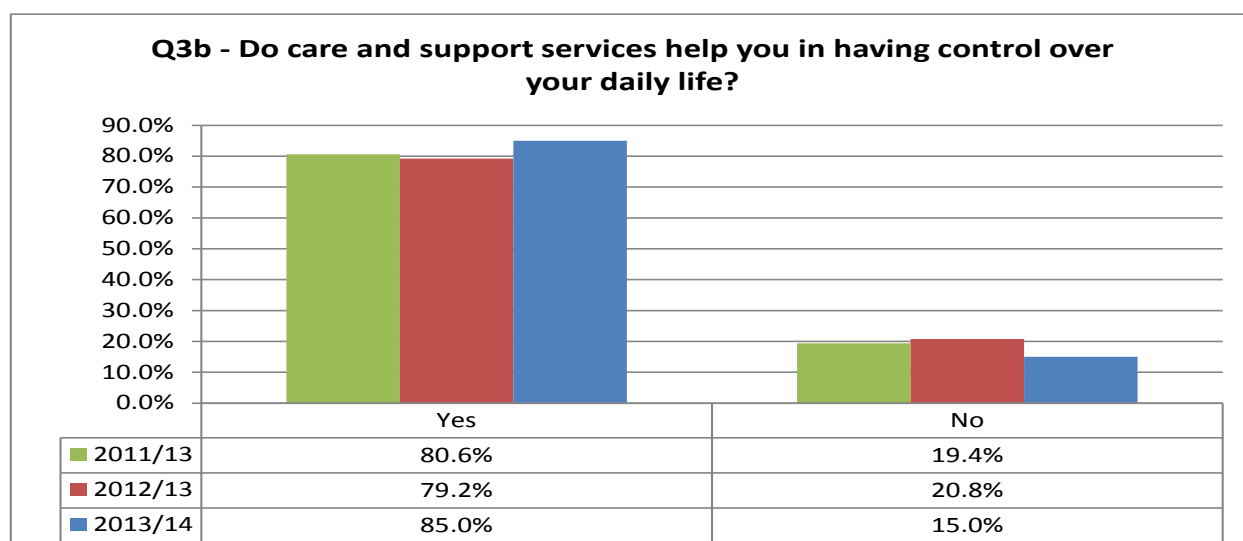
Client satisfaction levels

The overall satisfaction results from the Listening to You survey for Quarter 4 2013/14 (580 responses) are similar to Quarter 3. Most people remain satisfied with the support they receive. Levels remain lower for information and choice – both of which have fallen since quarter 3. Satisfaction has risen for quality of life, and for dignity and respect, for which it remains highest.

Overall satisfaction results – Listening to You survey



The annual Adult Social Care survey results for control over daily life are shown below. The 2013/14 survey had 466 responses (48% response rate).



Carer satisfaction levels

Satisfaction among carers is low for all measures in the Listening to You survey. Respondents' comments suggest this chiefly reflects lack of or insufficient support relating to funding or practical needs, and insufficient continuity of support – often stemming from a perception that procedures for accessing support can be complicated.

Satisfaction levels for Choice, Dignity and respect and Quality of life all increased for Carers in Quarter 4 compared to Quarter 3.

Sample of comments from clients and carers:

"Because the 3 hours I was given was not enough and could not get important things done, i.e. make appointment with Dr, get my prescription done etc."

"Having the ability to be able to use a direct payment gives myself the opportunity to be more flexible..."

"It would be wonderful to have more funding to take regular breaks from caring. My friend got in touch after many years, during which I had no contact with any family or friends at all. I would like the opportunity to go out and meet more people. I always had lots of friends before I was a carer."

"... as mentioned above, the 6 hours per week do not even begin to cover my many needs. I believe I pay the highest rate of contribution. I certainly, unfortunately, cannot afford more. My care and support from [named agency] has helped me to be more independent, and helps me to do things I value and enjoy, but not enough hours... You cannot do better than [same named agency]. They are first class. Funding for more hours of care is essential for many clients. I do appreciate your difficulties however."

"I think they do the best they can within the financial constraints which impose tight time constraints on the scenario."

Joint Community Rehabilitation (JCR) and Independent Sector reablement

Delivering increased opportunities for reablement has been a very successful approach in enabling people to maximise their independence and was one of the mitigations identified in the original Equality Impact Assessment for the RPPR savings plan.

In 2013-14 approximately 1500 people had a package of reablement through the Joint Community Rehabilitation team (JCR). Following a JCR intervention:

48% of all reablement clients remained at home with no on-going package of care

15% of all reablement clients remained at home with a reduced package of care

11% of all reablement clients remained at home and the package of care maintained at the same level

5% of all reablement clients remained at home with an increased package of care

Between April and September 2014 90.6% of older people (614 people) were still at home 91 days after discharge from hospital into reablement / rehabilitation services, out of a total of 678.

The numbers of people starting reablement in the independent sector has increased significantly recently. In the first six months, between 28th June and 31st December, 45 people had started reablement, after 9 months, by 31st March, 123 people and by a year 10th June, 215 people. The new community services tender arrangements commenced in the latter part of October 2014. The delivery of reabling homecare is an integral part of these new arrangements and take-up will be monitored through contract monitoring arrangements.

Movements between community based and residential services

There is no evidence to suggest that clients are being required to move into residential care because of resource constraints. Case analysis does however indicate that some people may choose to remain at home with a reduced budget, living with increased risk in order to maintain choice and independent living.

Permanent admissions to residential and nursing care, per 100,000 population:

Current rolling performance of 198.8 equates to 854 new permanent admissions to residential or nursing care from October 2013 to September 2014. This can be broken down as 45 permanent admissions of working age adults and 809 permanent admissions of older people. This compares to 875 permanent admissions made to residential or nursing care between October 2012 and September 2013.

Advocacy

The provision of independent advocacy was identified as a mitigation against the reduction in care packages. In July 2014, we combined investment through the commissioning grants prospectus, to commission a single advocacy service, providing easier access and better value for money. The service provides advocacy for vulnerable adults and their carers who are or may be entitled to support from Adult Social Care that provides professional, personal, fully accessible and timely support, promotes people's rights and strengthens advocacy provision across the county.

It does not yet appear that changes to people's care and support packages are having a significant impact on numbers of people accessing advocacy. The main issue across all client groups continues to be communication. For older people, advocacy support has been required to support clients to embrace moving towards less-traditional types of support and to help clarify the rationale for reductions in packages of care. For people with Learning Disabilities, 3 out of 60 requests for advocacy support were for support with the support plan review process, which may be linked to the revised offer of support, but this is not explicit.

Safeguarding referrals

There is no evidence of an increase in Safeguarding alerts and investigations related to reductions in care packages.

Between April and August 2013 there were 1,615 alerts. Of these, 487 led to an investigation (30.2%). Between April and August 2014 there were 1,525 alerts. Of these, 347 led to an investigation (22.8%)

Please note that the reduction in investigations doesn't necessarily mean that nothing is being done as a result of the alert. Actions are picked up through Adult Social Care care management processes, which do not necessarily result in an investigation.

Complaints and appeals

Adult Social Care received 405 complaints in 2013/14. The biggest area of complaints related to assessment, which equated to 41% of all complaints received (155 complaints). Our assessment functions include eligibility assessments for social care support including the value of a personal budget, Occupational Therapy assessments for adaptations and equipment and assessments for the provision of a Blue Badge. Financial Assessments identify how much someone will pay towards their support.

Overall, 95 (61%) of complaints about assessments were disputing the decision or outcome of these assessments. This is to be expected to some extent, given the national changes to eligibility

for a Blue Badge and the need to look at alternative ways of meeting support needs to meet the financial challenges facing the community care budget.

The introduction of the Self Directed Support (SDS) Appeals Process may have had an impact on the number of complaints received. The appeals process was created as a mechanism for clients and their representatives to request that decisions made following a revised offer review or assessment be revisited. Since April 2014, we have had 38 appeals passing right the way through the process (with numerous others being resolved early). Of these two were upheld with a further two partially upheld. Two appeals have gone to ombudsman and judicial review. Both bodies found in favour of ESCC showing that policy is robust and implementation is fair.