

HEALTH & WELLBEING BOARD

Subject Heading:

Havering Local Account 2017/19

Board Lead:

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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- Theme 3: Provide the right health and social care/advice in the right place at the right time
- Theme 4: Quality of services and user experience

SUMMARY

The government requires each local authority to publish annually a "Local Account" of its adult social care activity. This Havering Local Account summarises adult social care and support achievements for the two year period 2017/18 and 2018/19, as well as ambitions for the future.

Local accounts form an important part of the Towards Excellence in Adult Social Care (TAASC) which is a national programme of sector improvement led by the Association of Adult Social Services Directors and the London Government Association. Local Accounts provide a key mechanism for demonstrating accountability for performance and outcomes. Local accounts can also be used as a tool for planning improvements, as a result of sharing information on performance with people who use services and engaging with them to get feedback on their experience.

The London Borough of Havering Adult Social Care Services Local Account 2017/19 is the fifth local account that will be published and it explains:

- What services we support and spend money on
- What we have achieved
- The changes and challenges we face

- Our ambitions and plans for further improvement

It will be published on our website to report publicly on performance and provides accountability to local people and partners.

This year we have presented the information using infographics as far as possible.

RECOMMENDATIONS

That the Health and Wellbeing Board note the Local Account 2017/19 prior to publication.

REPORT SUMMARY

The key messages of the Local Account 2017/19 include:

Adult Social Care in Numbers

Deprivation of Liberty Safeguards numbers are up to 1,607 in 2018/19, from 1,150 in 2017/18 and 1,083 in 2016/17 (48% increase over the three year period).

Those in receipt of Self Directed Support were down slightly in 2018/19 to 1,843 from 1,875 in 2017/18 (1,735 in 2016/17).

Reablement was provided to fewer people in 2018/19, 1,067 from 1,353 in 2017/18 and 1,143 in 2016/17. Of those who left reablement, only 10.2% required a long term service in 2018/19 (down from 21.7% in 2016/17 and 14.7% in 2017/18).

There was an increase in older people who were admitted to nursing care homes, up to 279 in 2018/19, from 240 in the previous year (321 in 2016/17).

Older people receiving community support fell to 2,597 in 2018/19 from 2,681 in the previous year (2,907 in 2016/17).

Most of the support provided is to those in the 85 plus age range (2,781 people, 40% of the overall total in 2018/19 and 3,042 people, 42% of the total in 2017/18).

In 2017/18, on average 1,100 people received homecare services each week, and 1,000 people in 2018/19.

In 2018/17 122 carers received a direct payment, rising to 152 in 2018/19.

In terms of services provided, most people receive equipment to support them living at home.

Budget

The council spent £57,682,192 on Adult Services in 2017/18, and £60,159,303 in 2018/19.

What we did well

Our Front Door, which is usually the first contact with us, underwent a redesign. We developed this with skilled staff so that we are better able to provide advice and guidance, and refer to the correct team, on a timely basis. This improved initial handling of contacts, giving a smoother experience for the customer. To this end, we introduced a new way of working called Better Living, which involves a series of conversations.

The feedback from residents using our services was generally positive. According to the 2017/18 annual Adult Social Care Survey, 91% agreed that Havering's care and support services help them to have a better quality of life.

In 2017/18 71% of people who used our services said that they felt safe, compared with 69% in the three previous years. This increased to 89% in 2018/19.

Fewer people were admitted into residential settings – with 519 per 100,000 people aged 65 or over permanently admitted to a nursing or care home in 2017/18, compared with 700 in 2016/17. This moved to 601 per 100,000 in 18/19.

In 2017/18, we implemented the Active Homecare Framework, a purchasing system which enables providers to operate in Havering so long as they meet quality criteria. We developed a method for understanding the outcomes for residents of the homecare that they have received. Results for 18/19 indicated that 85% of users rated the service as good or very good.

The numbers of older people needing long term support in the community fell from 2,907 in 2016/17 to 2,681 in 2017/18, and fell again to 2597 in 18/19.

In 2017/18, 78% of people with a learning disability in Havering were living in their own home or with their family, and 78.5% in 18/19.

In 2017/18, 85% of people in contact with secondary mental health services (for people with serious or complex psychiatric disorders) were living independently, and 86.4% in 18/19.

We have introduced a pre-paid purchase card, used by people to manage their personal budget. This means balances can be checked online, and the Council is clearer on how money is being spent, with less paperwork to process.

77% of people who use our services said in 2017/18 that they have control over their daily lives, compared with 71% in the previous three years, and 74.8% in 18/19.

We were commended by ADASS Peer Review in October 2017 for being stable and well-supported with strong and effective leadership, good councillor oversight, self-awareness and staff who are open to learning and change.

We have the Havering Social Care Academy for all social care staff working with children, adults, their families, carers and the wider community. The Academy provides staff with access to training, a research hub, and opportunities for career progression. Our aim is to improve stability and retention and improve the quality of services for residents, and to recruit more in-house staff. We reduced our use of agency staff from 45% to 20% of our workforce.

We developed a better understanding of the social care provider market and workforce arrangements, allowing us to encourage greater stability in the wider workforce. The local authority has developed a Provider Training Programme and supported significant growth in the Personal Assistant (PA) market. Increasing numbers of PAs have been able to access quality assured training in Havering, and we have established a register of accredited PAs for residents to choose from.

Our Reablement Service helps people get back on track after a stay in hospital, working with them for up to six weeks to be as self-sufficient as possible with the right support in place. 88% of older people were still at home 91 days after discharge from hospital into rehabilitation or reablement services in 2017/18, and 88.7% in 18/19. The proportion of residents finishing reablement and still needing a long term service fell from 22% in 2016/17 to just 11.3% for 17/18 and 16.6% for 18/19. We re-commissioned this service in 2018/19 to integrate with the Intensive Rehabilitation service commissioned by health. The rationale was to reduce duplication and enable staff to work in partnership. As the contract was ending in April 2019 we completed a procurement exercise in late 2018 which resulted in Essex Cares Limited (ECL) becoming the new provider. The service model in terms of integration is the same and we will work with ECL over the coming year to align services to the rest of the intermediate care pathway. This resulted in improved outcomes; 10.2% of clients left reablement with a long term service in 2018/19 compared to 14.7% in 2017/18.

The Havering Dementia Action Alliance (HDAA) signed up 15 organisations to the HDAA and trained 257 dementia friends. The HDAA built strong links with the hospital, Queen's Theatre, and various carers groups, following the launch of their Dementia Strategy and has reinstated the dementia cafés at Queen's and King Georges Hospitals which enables carers to talk and gather information. The Council have been working with care home providers to understand costs which make up a residential care placement. Provider forums have been designed to open up dialogue on this subject. This has led to better informed decisions through improved understanding of the pressures in the market. Havering is the first London borough to sign up for dementia friendly personal budgets.

We have successfully introduced CarePulse. This is a system to obtain consistent information about care home capacity. Healthy London Partnership helped bring care homes, the Council and Health together to agree a shared approach to collecting information about the market. This has meant that staff time has been saved, and more up to date and accurate information is available. There has been a focus on expanding the number of Personal Assistants (PA) working in Havering to support residents with personal budgets.

Where we need to do better

In 2017/18 we received 108 complaints. Of these: 51 were upheld, 52 were not upheld and 5 were withdrawn. While this compares well with the 121 complaints received the year before, those complaints upheld raised a number of concerns.

As in previous years, there remains a key complaint theme around financial assessment and charging, particularly linked to the level and quality of services, mostly community-based services. The other key complaint issue to emerge in 2017/18 was around delivery of equipment.

In 2018/19, complaints decreased slightly to 91. Of these, 12 were upheld, 15 partially upheld, 38 not being upheld and 12 withdrawn.

The highest number of complaints was about external home care. The main reason for complaints still remains linked to financial issues and disputes on charges. There was also an increase in family members not being happy with the social worker's decision.

Areas identified for improvement during the year were around completeness of assessments, information to providers on the treatment of direct payments used for respite, and financial information. Some of these may be picked up through the new Adult Social Care system Liquid Logic when implemented.

Learning from complaints is crucial, to ensure the service can make improvements to how vulnerable residents and their families are supported. They continue to play an important role in highlighting areas of improvement and we will respond as appropriate.

We need to work harder at explaining the benefits to individuals of deciding how money is spent on their own care and support arrangements, if more people are to choose direct payments.

We need to conduct further needs analysis of people with learning disabilities in employment, to consider our approach when commissioning support, ensuring greater personalisation and better employment opportunities.

We have been working with our neighbouring boroughs as well as Barking, Havering and Redbridge Clinical Commissioning Group to build frameworks to jointly commission, as well as to share local knowledge and understanding of the wider geographical area.

We recognise we need to:

- broaden the 'customer journey' so that our first conversation with residents isn't confined to social care but ranges across the Council and Partners;
- continue to work with children's services on ensuring pressures are identified and managed, improving the transition between our services;
- seek opportunities to work better with local GP's and Primary Care on setting priorities,
- work closely with the voluntary sector, to focus on prevention, help improve support, reduce isolation and better support carers.

IMPLICATIONS AND RISKS

Financial implications and risks:

Although the report outlines the spend on Adult Social Care, there are no direct financial implications arising from this report which is for information only.

Legal implications and risks:

There are no direct legal implications arising from producing the Local Account, which is a key mechanism for demonstrating accountability for performance and outcomes, and for sharing information.

Human Resources implications and risks:

There are no direct implications arising from this report, which is for information only.

Equalities implications and risks:

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

The local account sets out how the Council has delivered and will continue to deliver services to communities in Havering, and as such to safeguard the most vulnerable members within these communities.

BACKGROUND PAPERS

None