

# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Decision Maker:</b>	Cabinet
<b>Date:</b>	16 April 2018
<b>Title:</b>	Adults, Health and Care – Vision & Strategy
<b>Report From:</b>	Director of Adults' Health and Care

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### 1. Recommendations

1.1 It is recommended that Cabinet:

- Note and endorse the updated Adults' Health and Care Vision which is focused on maximising independence and people living long, healthy and happier lives.
- Acknowledge and support an accompanying five year Strategy which focuses on prevention, independent living and facilitating or directly enabling accommodation solutions, building upon the existing corporate strategy.
- Supports those elements of this wider strategy, summarised in Section 5 and 6 of this report, which capitalise on Hampshire County Council's unique sustained capacity, in finances and personnel, to build on the direct provision of high quality care, especially in support of patients leaving hospital.
- Endorse the target achievements that the Strategy is aiming to deliver on, noting the dependencies and required contributions from other parts of the County Council.
- Note the development and importance of other related documents that together form a suite of significant departmental publications that will guide and influence our future actions and activities to support our population, work with partners and provide guidance to our providers e.g. service specific Market Position Statements.

### 2. Executive Summary

2.1 This report affirms an Adults' Health and Care Department Vision that is focused on maximising people's independence and their quality of life. The Vision is underpinned by a five year Strategy and four Market Position Statements (MPS's) covering key service areas. A business plan for 2018/19 has also been developed to help ensure that strong and immediate progress towards the Vision is made. This business plan links absolutely to our

Transformation to 2019 programme, but also to the longer term ambitions identified within our strategy.

- 2.2 The challenging operating context including increasing service demand, system pressures, workforce availability and the continuing pressures on public finances is clearly acknowledged and has influenced the content and narrative across the documents. The work, which builds upon a strengths-based method of operating (adopted successfully over the past two to three years) incorporates a stronger than ever focus on prevention and demand management activities and points to a future where state-funding for services are increasingly only able to be directed to the most vulnerable adults in society.
- 2.3 The Vision, Strategy and the Market Position Statements have all been published on the Adults' Health and Care webpages. The Vision and 5 Year Strategy has been developed over the second half of last year with input from senior managers, a staff reference group and key stakeholders. Adults', Health and Care two Portfolio holders have recently approved the documents.
- 2.4 The MPS's are intended to help the Social Care market to better understand our ambitions and direction of travel in specific service areas such as help to live at home, residential and nursing care, learning disabilities and autism, and mental health. They give providers clearer certainty over a medium term period and also allow us to make commitments to our providers which demonstrate the County Council's desire for maintaining and further developing mutually strong two-way relationships. The MPS's were produced with input from providers in the different service areas and the NHS.

### **3. Context**

- 3.1 The main responsibilities of Adult Social Care are set out in three pieces of legislation; the Care Act 2014, the Mental Health Act 1983 and the Mental Capacity Act 2005. As the overarching piece of legislation, the Care Act 2014 extended existing and laid down new responsibilities including:
  - promoting well-being
  - protecting (safeguarding) adults at risk of abuse or neglect
  - preventing the need for care and support
  - promoting integration of care and support with health services
  - providing information and advice
  - promoting diversity and quality in providing services
- 3.2 The strategic context that Adults' Health and Care is currently operating in is well trailed. In looking forward, especially over the next 3-5 years (and arguably longer) it is expected that the different challenges faced by the Department are likely to increase. Against this backdrop and the responsibilities laid down within the Care Act 2014, setting a clear direction

for staff, for partners and providers and for existing and potential future service users and their families/friends has become increasingly important especially if future advice, help and support services are to sustainably meet higher quality thresholds.

- 3.3 In terms of our operating environment, demand for advice, help and support continues to increase, partly driven by an ageing population and partly because of the increasing number of children and younger adults with highly complex needs that are surviving into old(er) age. In the next 5 years the number of people aged 85-89 is set to rise by 14% (4,076) with an even higher 26% (4,604) increase in those aged 90 and above.
- 3.4 We know that the pressures on public finances are set to continue into the next decade, so we will have less money in real terms to pay for Adult Social Care. This is after allowing for delivering in full on the current £56m T19 challenge. More recently we have benefitted from one-off Government funding sources e.g. the Improved Better Care Fund, which we are investing alongside available capital funding, to reduce future annual revenue cost exposure.
- 3.5 Higher regulation (with an appropriate emphasis on quality) and the continued tough economic climate is impacting on the viability of the provider market. The County Council relies heavily on the independent sector across all care groups and commissions annually some £250m of paid for care services. In the final quarter of 2017 a number of residential and nursing care businesses in Hampshire closed culminating in the loss of c300 beds to the system as a whole. In these regards, the strategy to widen the influence of our own in-house service operation looks a sound one both as a means of better containing costs but also to ensure suitable provision exists in specific Hampshire locations.
- 3.6 Whilst price is clearly an issue for providers, they, like us, are also struggling to recruit and retain a skilled workforce in the face of competition from other parts of the economy and from general availability of labour – the latter, partly a consequence of BREXIT and also the wider impacts of a generally buoyant economy. It is estimated that the workforce in Hampshire, approximately 35,500 social care workers, is made up of approximately 3,000 (8%) European nationals and 4,300 (12%) Non European Economic Area nationals. It is estimated that the overall workforce needs to increase by as much as (an unrealistic) 20% over the next five years due to the increase in the number of older people, higher demand for mental health services and increasing numbers of younger adults with learning and physical disabilities. The success of our preventative work and our transformation programme will be key in minimising any increased call on workforce levels, approaching those identified above, into the future.
- 3.7 Our key public sector partners, particularly NHS providers and Clinical Commissioning Groups (CCGs) are also facing their own operating pressures and although this is positively bringing different parts of the system closer together e.g. around Delayed Transfers of Care (DToc), the extent of the challenges being faced is an obvious cause for concern. Targeted integration work is set to be taken forward as a means of reducing

duplication, overlap, unnecessary management structures and cost whilst maintaining service outcomes. The findings of the recent Care Quality Commission (CQC) system review will be prioritised and factored into this work.

- 3.8 The pressure on partners also extends to the Voluntary and Community Sector who are feeling the squeeze on their own finances as sources of income from the NHS and local authorities continue to reduce in overall terms.
- 3.9 The Vision and Strategy we have developed responds to all that is set out above and sets out our approach to managing demand, to maximising independence and to providing support to the most vulnerable. As we implement the Strategy over the next five years we will do so collaboratively and in consultation with those who use our services, carers, voluntary and community groups, partners and providers. We will also work closely with other parts of the County Council as there are some key dependencies and contributions required to enable the different ambitions to be realised, including new and/or improved I.T capability, better joint commissioning with Children's and Public Health and the specialist involvement of property services as we look to modernise and expand our direct service estate.

#### **4. The Vision**

- 4.1 Our Vision is for Hampshire residents to **live long, healthy and happier lives** with the **maximum degree of independence as possible**. The Vision will be achieved by 'encouraging people to stay well', by 'supporting people to help themselves' and by 'carefully working with people when they need the County Council's help.
- 4.2 The Vision builds on the strengths-based work already started throughout the past 2-3 years as Adults' Health and Care's strategic response to T17. It places a strong emphasis on prevention (people staying well) and pushes further and harder at our strengths-based work by pointing people, partners, providers and our staff to play to people's strengths in the expectation that greater, no, or low cost contributions will come from family, friends and local communities. This is a key mechanism by which greater independence, community cohesion and resilience can be affected at lower cost to the public purse.
- 4.3 The Vision directly responds to the County Council's responsibility to promote well-being, to prevent the need for care and support and to provide information and advice (ahead of providing paid for services)
- 4.4 Every piece of credible evidence points to people wanting to feel free of state intervention, wanting to remain in their own homes for as long as is practically possible and to staying socially connected (networked). In almost all cases this results in people living happier and more independent lives. Happiness is clearly difficult to measure in absolute terms but we know how important it is and we know that there is a direct correlation between isolation, health regression and then high cost institutionalisation.

4.5 With an ever ageing population and worrying increases in mental health issues and social isolation cases, we must work harder and earlier at **improving and maintaining (good) health and independence** if we are to stretch our reducing financial resources over a greater number of people who will require our help and support into the future. Our Vision and Strategy is predicated on us delivering against this challenging but realisable ambition.

## **5. How we will achieve our Vision**

5.1 We aim to deliver on the Vision by focussing our efforts, time and resources into three key areas as follows.

5.2 **Prevention** (incorporating Demand Management): preventing and/or reducing demand for formal social care services. This will include helping people to remain fit and well, or to maintain their current abilities for longer by making more informed choices.

5.3 Our work in this area will be multi-faceted but mainly concentrated around the effective delivery of our 'Towards a Healthier Hampshire (Public Health strategy), a step change in the role and use of our on-line information and advice platform 'Connect to Support' and a more business orientated approach to our Call Centre (Contact Assessment Resolution Team, CART) operation which will culminate in reduced numbers of enquiries and future successful resolution rates at or around 75%. Strong progress in these areas together with a renewed focus on supporting Carer's and further increases in the use of private pay assistive (care) technology will all combine to reduce the overall demand levels for paid for care.

5.4 **Independent Living at Home:** supporting people with emerging care needs to live independently in their own homes for as long as they can. This is at the heart of our carefully developed Vision for Hampshire residents and will result in people generally living happier and as independently as possible in familiar surroundings, staying connected to family, friends and neighbours.

5.5 We will maximise independent living at home in many ways including by working with front line staff to encourage those eligible for social care support to choose to take control and organise their own social care through a 'Direct Payment'. This will help to reduce the need for the County Council to directly buy services on behalf of clients. Staff will also be given targets for increasing the role assistive (care) technology can play to reduce paid for care levels and improve levels of independence. We have an existing strong service delivery base for the use of technology with more than 8,500 people benefitting from telecare solutions as part of their care (with some 5,000+ only receiving telecare support) and over the coming period we will be pushing to increase this number significantly further, where it meets needs appropriately as part of a coherent approach to peoples care.

5.6 In the past few months we have begun work with the NHS, CCG's and Southern Health to develop and implement (in 2019) a single intermediate care function for older people that will deliver significantly improved outcomes including reduced hospital admissions. We are also prioritising

work with the NHS on developing a joint commissioning approach for learning disability and mental health services and later this year we will implement a new Help to Live at Home service which will enable 4,000 – 5,000 people to continue to live safely and comfortably in their own homes after benefiting from an initial reablement intervention that will help people regain confidence, ability and ultimately independence.

- 5.7 **Accommodation:** helping to maintain the independence of people with the greatest needs including commissioning accommodation and directly providing in-house services in order to maintain or increase the independence of people with the greatest needs. The County Council has a long tradition of facilitating community based accommodation based services (reducing institutionalised care levels) and for directly operating our own estate of residential and nursing homes and the forward strategy looks to build on and widen our involvement in different forms of accommodation. A greater involvement of specialist support from the County Council's Property Services is key in the delivery of the strategy, as is our continuing development of relationships with district / borough council partners in the development of supported housing schemes, such as extra-care provision, alongside other housing related support services.
- 5.8 Our ambitions for the next five years could result in an overall capital programme approaching £300m in value. This combines existing capital allocations for older persons and younger adults extra care (c£70m) and a possible future programme of investment that could include contributions from the NHS as we jointly look to integrate services and to improve system performance for example in relation to hospital discharges. Crucially any new investment (which will be subject to a full business case for each individual project) will result in improved services, but also a reduced on-going annual revenue cost. In an era of continued austerity the importance of this element of the future strategy cannot be overstated.
- 5.9 The overall programme of work is set to include more supportive living as we further reduce residential placements for learning disability and autism clients. We will also invest in a small number of short term facilities. In the past year we have jointly developed with the NHS, a short stay (reablement) facility within an acute hospital setting aimed at improving discharge performance and supporting people to return towards independence. The focus has been very much on helping people to regain or further develop their function and confidence so they can live in their own homes or in the community with support if needed. We have plans to develop this concept further at other NHS hospital sites and we intend to develop our own short stay hubs in community settings enabling hospital admissions to be avoided and people in, or on the edge of crisis, to be supported and then able to return home and live as independently as possible. This work is only made possible through the unique combination of assets at the County Council's disposal. These include: the Council's carefully stewarded reserves which have been managed prudently through challenging times but now provide financial opportunities; the physical assets across the County at the Council's disposal; and the expertise and capacity in our Property Service

which enable the organisation to respond with confidence and at pace when opportunities arise.

## **6. What this will mean – Where we will be in five years time**

- 6.1 Our Strategy document clearly articulates where we expect to be in five years time for each of the main areas of focus e.g. prevention, independent living at home and accommodation. These expected achievements and outcomes are listed together and shown in the Appendix to this report.
- 6.2 In keeping with a high performing authority that continues to be responsible for securing quality service outcomes for Hampshire residents, the Adults' Health and Care Vision and Strategy is rightly aspirational and strong in ambition. That said, it has been carefully constructed, all main stakeholders have contributed to the final documents and there is a quiet confidence that it is realisable whilst stretching in its ambition.
- 6.3 Achievement will include our on-line information and advice platform being routinely accessed by in excess of 10,000 people per month and reducing demand on our Contact Centre (CART) that is able to resolve directly some 75% of the enquiries it receives. Assistive technology (telecare) will be increasingly more common place in peoples homes including via private pay for those on the edge of or not eligible for paid for Social Care. An integrated intermediate care service will have been implemented reducing unnecessary hospital admissions and system cost. Improved jointly commissioned services will be operating across Learning Disabilities and Mental Health.
- 6.4 Accommodation services will be modernised. The County Council's role in direct provision will be greater than it is now and people will benefit from a more targeted form of reablement services and able to stay in short term facilities designed to avoid hospital admissions and improve discharge performance both resulting in improved levels of independence. More supported living units will be delivered as we continue to reduce the numbers of learning disability clients living in traditional residential care settings.
- 6.5 As explained in paragraph 5.9 (above) the County Council has retained unusual capacity in its ability to manage new building developments. That capacity is enriched by our retained capacity in the direct provision of care services. The long standing corporate strategy that has over time deliberately avoided the rush to decommission direct care services, which has been the trend in many local authorities, is now paying dividends as Hampshire is well positioned, financially and with its expert in-house personnel, to grow direct provision at a time when the external market is struggling to keep pace with demand.
- 6.6 The documents attached to this report include a public facing Vision Statement and a two sided statement for our staff which clearly set out what the Vision means in reality and how we will work to achieve it. In simple terms, the Vision and Strategy is a continuance and bringing together of work already underway; departmentally and corporately. That said, its achievement will require strong leadership, a coherent understanding of

what it means by staff at all levels and a focused approach adopted at the front line so that, for example, the use of direct payments, the role of assistive technology and the consistent application of the strengths-based approach are all prioritised and able to be evidenced.

- 6.7 Recognising the important role our numerous providers play in terms of delivering high quality Adult Social Care services, our Market Position Statements aim to provide clarity about how we will modernise and develop services. They also contain a number of 'promises' that we recognise we must deliver on if we are to robustly forge more meaningful and productive two way relationships in what we know is a testing period. We have made strong progress in the past year, especially in terms of engagement and as a result we will be introducing a new Home Care payment process and we will work more closely together in learning and development for operational staff.
- 6.8 To further assist managers and staff at all levels throughout Adults' Health and Care, a new business plan framework has been developed. This, combined with an evolving performance management system, which allows individual teams to view their local performance through a range of different reports, will allow progress to be monitored and measured regularly and for timely action to be taken or issues escalated should priority work areas not be on track. This will allow for departmental, service, team and individual performance to have a clear 'golden thread' and will be supportive of our Valuing Performance framework for all staff. DMT have set strategic performance expectations for 2018/19 and will oversee progress against the Vision and Strategy at least quarterly this year.

## **7. Consultation and Equalities**

- 7.1. Any service specific proposed changes resulting from execution of this strategy and any associated equality impact assessments will be taken forward in the appropriate manner. Further public consultations are planned for 2018 in relation to savings included in the Department's T19 proposals. At this stage, no other public consultations are envisaged.

## **8. Conclusion**

- 8.1 The strategic context and operating climate for Adults' Health and Care is especially challenging, mainly as a result of increasing service demand and continuing austerity. A range of other factors are also prevalent and these are impacting across the whole Social Care system. The premium on transforming the way we work in order to maintain and/or improve service outcomes at reduced cost is absolutely paramount and requires everyone from partners, providers, staff and clients to be working to a coherent and consistent script.
- 8.2 The development of an Adults' Health and Care Vision that at its heart promotes well-being, resilience and independence, together with a five year Strategic Plan that is rightly aspirational and ambitious, but constructed in a manner that makes it realisable, is the opportunity this suite of publications seeks to communicate.



- 8.3 Taken together with four service based Market Position Statements, a Vision statement specifically developed for staff so that there is clarity at all levels as to what the Vision means and will entail, and a new Business Plan that will ensure our main service targets are clear, prioritised and monitored, the different documents provide an overarching framework for the Department to perform against into the future.
- 8.4 Achievement of the Strategy outcomes listed in prevention, living independently and accommodation sections of the Strategy will rely on a number of external and internal (including cross Council) contributions and will be hard won but will culminate in the biggest and most successful transformation of Adult Social Care ever undertaken. This will result in vastly improved outcomes and greater personal independence for generations to come.

## Where we will be in five years time

## Appendix 1

### Prevention:

- ✓ more people will be keeping fit and well in the community, reducing the demand for health and social care services
- ✓ information and advice via Connect to Support will be routinely accessed to enable people to make informed choices about their care and support
- ✓ the Council's contact centre will directly resolve 75% of a reducing number of client enquiries for help and support
- ✓ private pay assistive technology solutions will be routinely requested and provided
- ✓ community support offerings will be increasingly known about (partly through Connect to Support), better trusted and more widely used
- ✓ social Isolation will be reduced. Carers will be better supported

### Independent living at Home:

- ✓ more service users will be using Direct Payments as a means of taking control and organising their own social care
- ✓ a system-wide single intermediate care function will have been in operation for at least three years. Hospital admissions for older persons and service costs will be reduced
- ✓ an integrated learning disability and mental health service will be in place, resulting in improved earlier intervention, less client crisis and reduced Hospital admissions
- ✓ we will have Help to Live at Home service arrangements that are geared to maximising independence. Average care hours per week will be lower than they are at present
- ✓ more than 12,000 service users will be benefitting from the very latest assistive technology solutions to enable them to remain at home and live independently
- ✓ our wellbeing centres, our work with communities and our My Life My Way programme will all combine to further improve the independence of people with mental health and learning disability needs

### Accommodation:

- ✓ unplanned hospital admissions will be reduced as more people will benefit from reablement type services in new community facilities developed by the Council
- ✓ system discharge performance will be improved with access to reablement services available at acute settings as a result of joint Council/NHS investment
- ✓ the Council will have developed its own dementia hubs for those with medium to high end dementia, complementing and adding to specialist market provision
- ✓ in response to the expected significant increases in the 85 year and over population, we will have developed facilities for frail elderly clients with multiple conditions
- ✓ there will be more supported living accommodation for learning disability and physical disability clients and accommodation solutions to improve independence amongst those suffering from mental health conditions will have been implemented
- ✓ we will have increased the level of older person extra care units facilitated or delivered by the Council to 1,500, doubling the number of units currently
- ✓ our remaining residential and nursing homes will have been updated, modernised and improved. They will benefit from the latest technology

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	yes
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	yes
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

DocumentLocation

None

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

High level Equalities Impact Assessments have been undertaken on parts of the three key areas; prevention, living independently at home and accommodation. Any service specific proposed changes resulting from execution of this strategy and any associated equality impact assessments will be taken forward in the appropriate manner.

### **2. Impact on Crime and Disorder:**

2.1. No impact has been identified

### **3. Climate Change:**

a) How does what is being proposed impact on our carbon footprint / energy consumption?

No impact has been identified

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact has been identified