

## **CABINET**

**13 JULY 2021**

### **ADULT SOCIAL CARE STRATEGY**

Portfolio Holder: Councillor David Brake, Portfolio Holder for Adults' Services

Report from / Author: Jackie Brown, Assistant Director, Adult Social Care

#### **Summary**

The Adult Social Care Strategy sets out the objectives and focus for Medway Adult Social Care over the next 4 years. It aims to ensure that we safeguard our residents and improve outcomes for our Service Users, while ensuring that the service we provide achieves the best value for the Council.

The primary aim of the strategy is to prevent and reduce social need by providing effective support so that citizens maintain their independence. Wherever possible and appropriate we will support citizens with eligible social care needs to remain in or return to their own home, so that they can maintain important relationships with family, friends, and continue to actively be a part of their own community.

#### **1. Budget and policy framework**

- 1.1. Medway Council's Adult Social Care strategy supports the Council priority of 'Supporting residents to realise their potential' and the outcome 'Older and disabled people living independently in their own home'.
- 1.2. It also supports the Joint Health & Wellbeing Strategy's vision 'The lives of all people in Medway will be a full, meaningful and healthy as possible' and 'We will achieve this through making Medway a place where people are enabled and encouraged to look after themselves and others, services are accessible and delivered equally well across the area'.

#### **2. Background**

- 2.1. The link to the previous Adult Social Care Strategy 2016 – 2020 can be found below, in the background papers section of this paper. The new strategy has been amended to reflect the change in demand and need to adapt the way in which we work.

- 2.2. Adult Social Care in Medway is changing. Like all Adult Social Care services across the country, we need to change and adapt as we cannot meet growing levels of demand within the budget we have. Unless we find more effective ways to keep people in their own homes or communities for as long as possible, to avoid hospital admissions, delay or reduce the escalation of need and find innovative ways to meet peoples need through what we buy or “commission” we will not have a safe or sustainable service.
- 2.3. We aim to improve the quality of the services we provide, and outcomes for our service users by aligning better with health colleagues and continuing to build on integration for the benefit of Medway residents. Our underlying objective in all that we do is the desire to help those we care for stay and live well.
- 2.4. We are largely a reactive social care service, but this model is not sustainable and must change as demand exceeds available resource. Through effective practice, we want to see a transformational shift from a focus on long-term care and support, to early intervention and enabling people to live independently for as long as possible.

### 3. Advice and analysis

- 3.1. In 2019/20 around 3,600 Medway residents received care and support. Most people received care in their own home, with around 1,135 people receiving care via residential care. Each year approximately 300 older adults move into residential or nursing care and approximately 30 adults of working age, with a disability or mental health need similarly move into a residential care setting, and 232 into Supported Living accommodation.
- 3.2. In 2019/20, 470 Mental Health Act Assessments and 1,486 Deprivation of Liberty Safeguarding (DoLS) assessments were completed. We received 1,564 Adult Safeguarding Concerns, this led to 699 Section 42 Safeguarding Enquiries. For information purposes, an adult does not need to have eligible needs for care and support or be receiving any service from the local authority, in order for the safeguarding duties to apply.
- 3.3. In the region of 2,619 adults with care needs are supported by Medway’s Adult Social Care service at any one time.
- 3.4. This Strategy is ultimately for the whole population of Medway, but it is focused especially on three cohorts: those who are frail and elderly, those with learning and physical disabilities and those with ill mental health. It is a strategy to support those with greatest needs; within these broad cohorts is a wide spectrum of types of need.
- 3.5. We are looking at the following key areas; Prevent Need, Reduce Need, Delay Need and Meet Need. These areas will not be unfamiliar, they are general standards of the Care Act 2014.

- Section 1.14 c) of the Care Act 2014 states: **The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist.** At every interaction with a person, a local authority should consider whether or how the person's needs could be reduced or other needs could be delayed from arising. Effective interventions at the right time can stop needs from escalating, and help people maintain their independence for longer

3.6. Our approach is based on four principles:

- Prevention: we will focus on evidence-based interventions that can help to prevent avoidable demand on statutory health and care services
- Early intervention and recovery: we will proactively work with individuals, families, and other agencies to help people who have experienced ill-health or crisis to recover as quickly as possible, reducing their ongoing needs and helping them return home
- Enablement: we will work on the assumption that people want to be enabled and supported to live independently at home and access employment when possible, ensuring that residential care is only used when it is clinically appropriate
- Safeguarding: we will place the right of all adults to live their lives free from harm, abuse, and neglect at the heart of everything we do

3.7. We understand that these principles will only make a difference if they are part of the practice and culture of our operational teams and through our work with partners.

3.8. The Strategy incorporates the joint work with our NHS Partners and Kent County Council which were formally designated as an Integrated Care System (ICS) from 1 April 2021, where the focus is on providing care in a way that benefits people and not what is easiest for organisations.

3.9. An Integrated Care Partnership (ICP) has been created to draw together all provider NHS organisations in Medway and Swale to work more closely with social care. There will be a whole system, multi-agency plan which will ultimately ensure that the local system works in partnership to high standards of care and support during times of pressure and is handled as part of business-as-usual.

3.10. Our mission is to make the best and most sustainable use of all available resources across the Council, Statutory Sector, Voluntary Sector and Health system to ensure people, their families and carers have access to the information and tools to enable them to live healthily and independently for as long as possible and to exercise choice and control over their lives, while ensuring safety, dignity, and quality of life for those in need of long-term care.

- 3.11. A new assurance framework for social care
- 3.12. The Department of Health and Social Care (DHSC) policy paper 'Integration and innovation: working together to improve Health and Social Care for all' proposes to introduce through the Health and Care Bill, a new duty for the Care Quality Commission (CQC) to assess local authorities' delivery of their adult social care duties.
- 3.13. Linked to this new duty there is a proposal to introduce a power for the Secretary of State to intervene where, following assessment under the new CQC duty, it is considered that a local authority is failing to meet their duties. Any intervention by the Secretary of State would be proportionate to the issues identified and taken as a final step in exceptional circumstances when help and support options have been exhausted.
- 3.14. We will be introducing a Co-Production Board, which will include partner organisations, voluntary community sector and service users. This board will not only support the implementation of the Adult Social Care strategy but will have a proactive overview of any proposed central government changes.
- 3.15. Implementation
- 3.16. To support the delivery of the Strategy, an Adult Social Care Transformation and Improvement Programme has been introduced. The programme is being managed by the Council's Business Change service; this programme management approach has been positively received by teams in Adult Social Care.
- 3.17. To ensure effective leadership and governance, oversight of the key service improvements and changes that need to be made to ensure we meet the aspirations in our ASC Strategy will be carried out at the Portfolio Holder's monthly performance dashboard meeting. Additional oversight of the programme will be provided at the Corporate Transformation Board.
- 3.18. Furthermore, specific themes will be monitored by the Medway & Swale ICP Board to ensure a whole system approach.

## 4. Risk management

4.1. The following risks have been identified:

Risk	Description	Action to avoid or mitigate risk	Risk rating
Strategy could fail to keep pace with dynamic change	The scale and rate of change within Adult Social Care Services could lead to the Strategy becoming out of date	The Strategy will be reviewed annually.  In addition, the Strategy will be revised if changes are necessary due to the DHSC's proposed Health & Social Care Integration Policy	D3
Financial pressures related to growth in demand for Adult Social Care	Risk that the continuing growth in demand for adult social care and support cannot be addressed through existing resources	Increased focus on forecasting of demand and associated expenditure, and development of a transformation plan for adult social care	C2
DHSC's proposed Health & Social Care integration paper introduces significant change	While the proposed paper will not move away from prevention and independence, there may be changes that impact on ASC that we are currently not aware of	Monitoring and reviewing government updates to ensure that any proposed changes are captured and managed appropriately  Refresh the strategy accordingly if needed	C3

4.2. A Diversity Impact Assessment has been produced (Appendix 3)

## 5. Consultation

- 5.1. The draft strategy was shared with teams across the Adult Social Care division and with colleagues in Partnership Commissioning. Feedback received was reviewed and the strategy was amended accordingly.
- 5.2. The strategy was then shared with both Healthwatch Medway and the Voluntary Community Sector (VCS) via Medway Voluntary Action. Positive responses and feedback to the Strategy were received, along with a few concerns.
- 5.3. A virtual meeting was held on the 14<sup>th</sup> May, with a number of organisations from the VCS where the Assistant Director, Adult Social Care, was able to respond to queries, concerns and discuss implementation of the Strategy.
- 5.4. Feedback is provided in Appendix 2.
- 5.5. The draft Strategy was considered by the Health and Adult Social Care Overview and Scrutiny Committee on 15 June 2021. The comments of the Committee are set out at section 6 to the report.

## 6. Health and Adult Social Care Overview and Scrutiny Committee

- 6.1. The Health and Adult Social Care Overview and Scrutiny Committee considered the draft Adult Social Care Strategy for Medway at its meeting held on 15 June 2021.
- 6.2. Members considered a report regarding the Adult Social Care Strategy, which set out the objectives and focus for Medway Adult Social Care over the next four years.
- 6.3. Members discussed the following issues:
  - **Shift from reactive to empowerment** – the point was made that often by the time people approached the Council for help with adult social care, they would have done all they could to prevent care being needed. The Strategy did not address that and assumed most people were in a position to offer help. Therefore being told at the point they asked for help that the Council would empower them to do more would be a difficult message to convey. The Assistant Director – Adult Social Care responded that the data showed that when people asked for help they were often not sure where to go and often did not meet the criteria for adult social care. The reference to empowerment was more about acknowledging that and signposting people to the most appropriate place for help. Feedback from partners was they often referred people to adult social care as they did not know where to suggest.
  - **“Just enough” support and delayed need**– noting the aim that ‘just enough’ support would be provided to assist people to build on their current strengths and develop their abilities to look after themselves without becoming overly dependent on social care support, it was suggested that it should be

clarified that “just enough” did not mean the right level of care would not be provided. The point was also made that these phrases seemed negative. The Assistant Director – Adult Social Care acknowledged there had been some concerns about the “just enough” phrase during the consultation, but this meant to convey what statutorily the Council had to do and what support others could provide. However, she would revisit the “just enough” phrase. The reference to delayed need, a phrase commonly used in the Care Act, was about what prevention could be put in place and not meant to suggest care itself would be delayed.

- **Paying for care** – the lack of any reference in the Strategy to the need to pay for adult social care was highlighted. The Assistant Director – Adult Social Care acknowledged there should be a link to the charging policy.
- **Women carers** – noting women represented the majority of carers, it was noted there was no reference to their right to have their needs as carers assessed.
- **Transition to adulthood** – what changes young disabled people would see when they became adults was questioned and whether this could be better highlighted in the Strategy. The Assistant Director – Adult Social Care advised a programme had been set up to make transition from childhood to adulthood much smoother and that people were being captured at an earlier age than before. This would look at the needs of an individual and assess what the next steps were if they were eligible for care. If they were not eligible then the Council would look at what other support was available.
- **Workforce** – the need to include what training and support staff would need to make the Strategy work was queried and also how the effectiveness of the strategy would be measured. In response, Members were advised that targets sat underneath the Strategy and these would be measured to ensure the Strategy was delivering its outcomes. Members were assured that officers would be very focused on the details needed to achieve results but this detail had been omitted from the Strategy so as not to lose its over-arching message.
- **Technology** – noting the reference that technology will play an increasingly important role in enabling people to live independently and to self-manage their care needs, it was pointed out that a lot of older people did not have access to broadband at home.
- **Listening to families** – an assurance was sought and given that families would be listened to where they were providing care to individuals.
- **Safeguarding** – the point was made that if people were to stay in their own homes for longer then safeguarding would generally become more of an issue. Members were assured the service would work closely with the new Chair of the Kent and Medway Safeguarding Adults Board and would also look to quality assure its own providers to see if any needed support or if a

service should be re-provided. If significant safeguarding concerns arose staff would be clear on what they needed to do.

#### 6.4. **Decision:**

The Committee agreed to note the report and forward its comments to Cabinet.

### 7. Director Comments

7.1. In response to the comments of the Health and Adult Social Care Overview and Scrutiny Committee, it is proposed that the Cabinet delegates authority to the Director of People – Children and Adults, to in consultation with the Portfolio Holder for Adults' Services, to enable the following changes to be made to the draft Adult Social Care Strategy:

- i) Add a link in the strategy to the charging policy to ensure that people are aware that a financial assessment is needed to determine whether someone will need to pay for or towards the care they receive
- ii) Review the terminology 'just enough' and replace it with wording that demonstrates more clearly that the strategy is not stating Adult Social Care will only provide minimal support, but that it will provide the most appropriate support.

### 8. Climate change implications

8.1. There are no climate change implications resulting from this Strategy.

8.2. However, Adult Social Care are committed to reducing our Carbon Footprint and will do all we can to ensure we find new and innovative ways to continue to reduce it.

### 9. Financial implications

9.1. Although there are no direct financial implications, the Strategy will help inform the future development of the Council's Medium Term Financial Strategy through highlighting areas of transformation and possible efficiencies that might be achieved.

### 10. Legal implications

10.1. The Strategy must support the delivery of all key statutory functions related to adult social care, particularly those associated within the Care Act (2014), the Mental Health Act 1983, the Mental Capacity Act 2005 and section 149 of the Equality Act 2010.



## 11. Recommendations

- 11.1. It is recommended that the Cabinet notes the comments of the Health and Adult Social Care Overview and Scrutiny Committee set out at section 6 to the report.
- 11.2. It is recommended that the Cabinet agrees to delegate authority to the Director of People – Children and Adults, to in consultation with the Portfolio Holder for Adults’ Services, make the minor amendments set out at section 7 to the report.
- 11.3. Subject to the amendments set out in recommendation 11.2 being agreed, it is recommended that the Cabinet approves the Medway Adult Social Care Strategy.

## 12. Reasons for Decision

- 12.1. Approval of the Strategy will enable the Council to articulate our vision for social care and support in Medway and set the strategic direction which will underpin a programme of improvement for adult social care over the period 2021 – 2025.

### Lead officer contact

Jackie Brown, Assistant Director - Adult Social Care, Gun Wharf, 01634 331212, [jackie.brown@medway.gov.uk](mailto:jackie.brown@medway.gov.uk)

### Appendices

Appendix 1 – Medway Adult Social Care Strategy

Appendix 2 – Feedback from consultation with Healthwatch Medway Steering Group and the Voluntary Community Sector

Appendix 3 – Diversity Impact Assessment

### Background papers

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

[https://www.medway.gov.uk/downloads/file/1066/medway\\_adult\\_social\\_care\\_strategy\\_2016](https://www.medway.gov.uk/downloads/file/1066/medway_adult_social_care_strategy_2016)