

REPORT TO: Community Planning Implementation Group

MEETING DATE: 4 September 2008

BY: Executive Director of Community Services, East Lothian Council

SUBJECT: Adult Social Care Services

1 PURPOSE

- 1.1 To inform members of the Community Planning Implementation Group of developments in service planning and provision in Adult Social Care.

2 RECOMMENDATIONS

- 2.1 That the Community Planning Implementation Group notes the report, and supports the ongoing development and modernisation of services, which are aligned to the core priorities of the Community Planning Partnership and the Council.

3 BACKGROUND

- 3.1 Adult Social Care provides community care and criminal justice services for the people of East Lothian. It works closely with a range of partners within the Council and the Community Planning Partnership, to provide services that support the wellbeing, safety and independence of some of the most vulnerable people in local communities.
- 3.2 The service is responsible for the delivery of assessment, care management and associated services. These include social work, occupational therapy, welfare rights, advocacy, services for carers, adult protection, guardianship, and statutory responsibilities for social welfare and mental health. These services are provided to older people, adults with learning disabilities, adults with mental health problems, and adults with physical disabilities and sensory impairments.
- 3.3 There has been increasing recognition that services provided by social work, social care, housing and health services are part of a 'whole system' of social support. Government policy aims to ensure that public organisations provide services to people in a more integrated way. In a complex and fast changing environment, Adult Social Care with its

partners in health, housing, and the private and voluntary sector continues to work to develop local solutions and responses to a range of policy initiatives. Work continues to find better ways of delivering joint governance, joint financial frameworks, improved integrated working and services which deliver better outcomes for people who need them, through more integrated working.

3.4 Key policy drivers for Adult Social Care services include *Changing Lives, the Report of the 21st Century Social Work Review*; Better Health Better Care, Mental Health (Care and Treatment) Act, Adult Support and Protection Act, 'The Same as You?' and 'Equally Well.'

3.5 These policy drivers will shape the development of adult social work services over the next few years in relation to:

- Emphasis on the outcomes that services deliver
- Person centred care planning and individualised budgets
- Better support of carers
- Increased emphasis on proactive, preventive work
- Improved integrated working
- Improved access to services and tackling inequalities
- Shifting the balance of care towards more community based solutions
- More multidisciplinary, team based working
- Developing more effective arrangements to protect vulnerable adults from abuse.

3.6 People's changing expectations a key driver for change in the services that are provided. People increasingly want choice and control over their lives, and in the services they receive, and are increasingly unwilling to accept the 'one size fits all' approach to care that has often been provided in the past. The '*Changing Lives*' agenda, and government policy encourages social work services to seek innovative approaches to ensure that individuals and communities get the support that is right for them, and reinforces the need for self-directed support, as part of new social work strategies that better take account of individual's needs. We are therefore increasingly working with our partners to provide opportunities for people who use social work services to direct their own support.

3.7 In common with some local authorities in Scotland, Adult Social Care in East Lothian has struggled to meet the needs of a growing population of older people and people with disabilities, within available resources. The levels of demand for social work services have stretched services, and have led to significant revenue over-spends, and real pressure on operational services. Waiting lists for access to services have grown and

an eligibility framework has been implemented to target limited resources on people with higher levels of need. Other 'rationing' policies may have to be considered as services attempt to respond to increasing demands arising from new legislation, East Lothian's demography, and growing public expectations.

- 3.8 Criminal justice social work services are delivered by the Council through the Lothian and Borders Community Justice Authority, a multi agency partnership formed by Scottish Government to provide more integrated responses to criminal justice issues. Social work services aim to promote community safety by working with offenders to address their offending behaviour, and by managing the risks posed to communities by violent and sex offenders.
- 3.9 Planning within community care services is undertaken through our joint planning structures. Our planning aims to promote positive outcomes for people using social care and health services in East Lothian, and to involve service users, carers and other stakeholders as full partners in the planning process. Our Joint Planning Groups for adults with learning disabilities, adults with physical disabilities and sensory impairment, adults with mental health problems and older people have spent the last 18 months developing strategies for their user groups. The Carers Planning Group is developing strategic plans aligned to these client group strategies and the NHS Carers Information Strategy.
- 3.10 Recognising weaknesses in how we planned community care services with our partners, we re-designed many of our joint planning structures in 2006, to build stronger partnerships with users and carers, and to make our planning arrangements more transparent, robust and inclusive.
- 3.12 Joint Planning Groups are tasked with working inclusively, with all partners, to develop strategies for their client groups, and to drive and oversee implementation of these strategies. The groups are chaired by a member of the our Chief Officers Group, have membership from all key agencies and interests and service user, carer and provider representatives. All Planning Groups have adopted 'good practice' working protocols to support the involvement of users and carers as full partners in planning and developing our services.
- 3.13 The user group strategies will drive the development of a commissioning framework for services to deliver modernised, high quality services, moving toward more person centred approaches to care and delivering better outcomes.
- 3.14 For all the planning groups, the next step will be to implement their strategies, and to drive and monitor progress by developing local improvement targets. These targets will enable the planning groups to make the links between the client strategies and the overarching performance management framework in health and community care, with the Council's Single Outcome Agreement and with the management of performance at community planning level.

- 3.15 Under the scrutiny of the Community Care Chief Officers Group, annual reporting will be enhanced by a newly developed performance management framework aligned to National Outcomes. This links activity in Adult Social Care with partnership targets, the Contract with the People, the Corporate Plan and the Single Outcome Agreement.

4 Achievements

- 4.1 Despite the pressures the service faces, it can point to some real achievements. A performance inspection of social work services in East Lothian, carried out by the Social Work Inspection Agency in 2007 established that social work services in East Lothian produce good outcomes for people and are generally well regarded. The commitment of the service to involving users and carers in planning services was also recognised by SWIA.
- 4.2 The recent SWIA inspection file reading exercise found that 93% of files contained an assessment. The majority of service users who responded to our survey said that they had seen a copy of their assessment. SWIA judged the quality of the most recent assessment to be good or very good in 69% of cases.
- 4.3 Significant progress has also been made in the delivery of the Single Shared Assessment. The appointment of a project manager has led to a significant increase in the number of staff participating in SSA. Work on assessment quality has increased the percentage of assessments which meet the minimum quality standard increase from 30% in September 2007 to over 80% by March 2008. Progress with the SSA means all trained assessors can directly access East Lothian Council resources. This enables the development of comprehensive anticipatory care plans which can support people in their own homes as an alternative to hospital admission.
- 4.4 We are currently undertaking a project to use Telecare to enhance support available to people attending Medicine of the Elderly Day Hospital
- 4.5 Adult Social Care has worked with its partners to further develop frameworks and awareness to protect vulnerable adults. The East Lothian Council Adult Protection Committee adopted the constitution and strategy for the Joint Agency Adult Protection Committee and the appointment of an Adult Protection Co-ordinator managed by the APC is imminent.

5 Future Direction of Work

- 5.1 The service is embarking on a major programme of service redesign, out of the user group strategies currently being developed, the findings of the SWIA performance inspection, and budget and resource pressures.

5.2 Despite the challenges it faces, the service will take forward an ambitious programme of service improvement, to ensure it delivers positive outcomes for people in East Lothian, and manages its resources effectively.

5.3 Projects that will be delivered during 2008/9 include

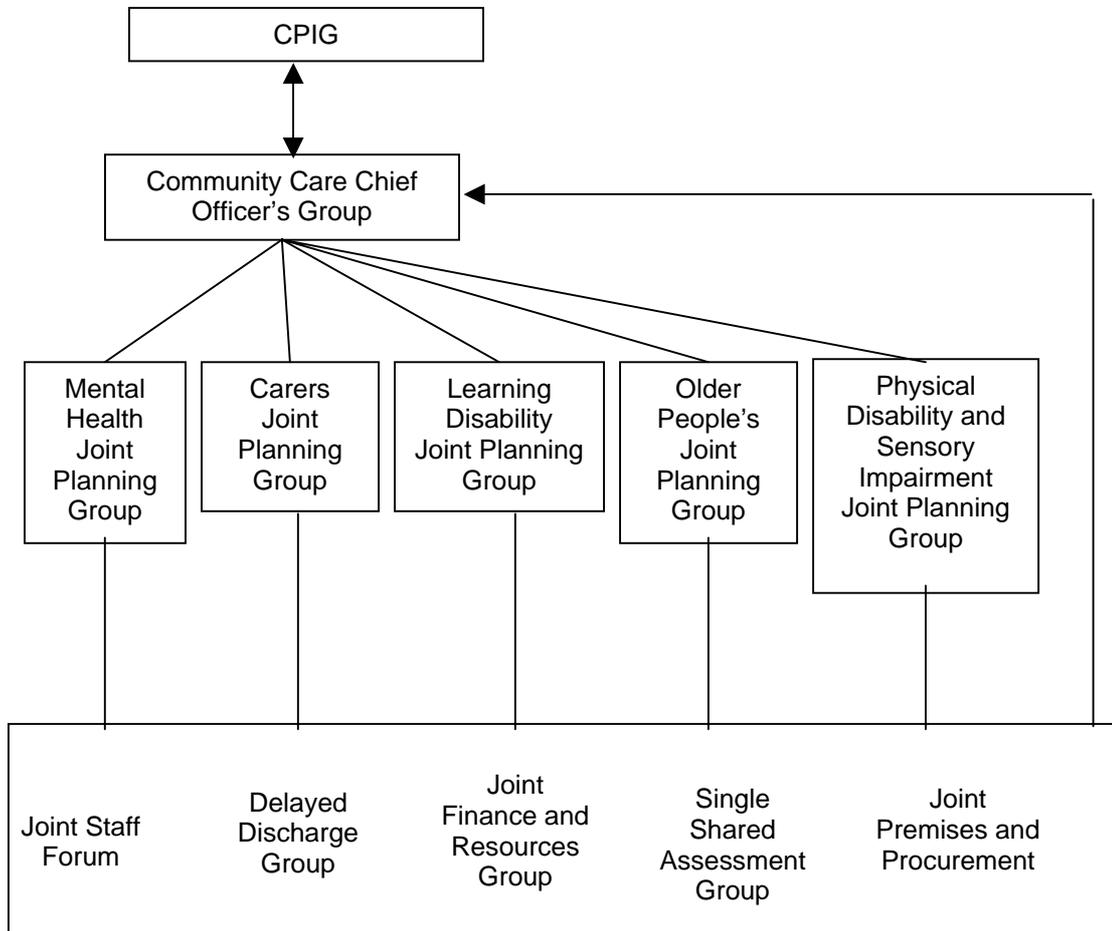
- a review of respite services
- the review and redesign of the assessment and care management service
- the development of plans to re-provide Fa'side Lodge Care Home
- the development of day centres for older people
- the roll out of telecare to support people to live independently in their own homes
- the development of a 24 hour response service able to meet the planned and unplanned care needs of people living in East Lothian
- the development of a pilot programme for individualised budgeting.

5.4 Progress on these initiatives will be reported regularly to community planning partners.

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| DATE | 18 August 2008 |

APPENDIX 1

Joint Planning Structures in East Lothian



APPENDIX 2

Remit for the Community Care Joint Planning Groups

Each Joint Planning Group will

- ◆ develop a strategy for its client group, and drive and oversee implementation of the strategy.
- ◆ disseminate their strategies widely, and work transparently to promote awareness and understanding of their strategies.
- ◆ have strategic oversight of resources allocated to that client group which involves optimising resources and service re-design within the budget envelope.
- ◆ involve and consult with users, carers and other stakeholders by working inclusively with all partners.
- ◆ report progress regularly to the Community Care Chief Officers Group, and ensure strategic linkage with the work of the other Planning Groups and the COG.

APPENDIX 3

'Good Practice' Guidance for Joint Planning Groups

Organisation of Meetings

- ◆ All Joint Planning Groups should set a calendar of meetings for the year, agreed by all members. Members should give priority to attending Planning Groups wherever possible.
- ◆ Planning Group meetings should be scheduled to last for at least 2 hours, to allow groups to deal with their agendas. Refreshments should be available to members, and scheduled breaks should be arranged, as necessary.
- ◆ Planning Groups should meet in locations that are accessible to all members
- ◆ The agenda for Planning Group meetings should be developed in consultation with all members of the group. Planning Groups should agree what items will be 'standing items.'
- ◆ Papers for Joint Planning Group meetings should be distributed to reach members at least 7 days before all scheduled meetings.
- ◆ Minutes of Planning Group meetings should be circulated to members within 2 weeks of the meeting and should be accompanied by an Action Plan.
- ◆ Meetings should only be cancelled with the approval of a majority of members of the group.

Conduct of Meetings

- ◆ Papers should not be tabled at Planning Group meetings, unless this is absolutely unavoidable. Where papers are tabled on the day, Planning Groups should not make decisions on any of the issues raised in the paper.
- ◆ Information should be presented in a form, which is accessible to all members – where the use of 'jargon' is unavoidable, members should explain what terms mean.
- ◆ Agendas should be organised and managed to facilitate participation by users and carers.
- ◆ Planning Groups should develop a workplan/action plan and should review progress on the workplan regularly at Planning Group meetings.