

Performance for Adult Social Care Commissioning

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 12th September 2018

Author: Director of Adult Social Services
Wards: All
Parishes Affected: All

1. Purpose and Reasons

- 1.1 This report provides the Adults Care, Adults Health and Housing Overview and Scrutiny Committee with an update of performance and key issues relating to Adult Social Care commissioning and performance.
- 1.2 A key purpose of the Adults Care, Adults Health and Housing Overview and Scrutiny Committee is to hold commissioners and providers of Health and Social Care Services to account.
- 1.3 Any commissioner or provider of Health and Social Care Services in Swindon is required to provide information on the planning and provision of health and social care services within the Borough and consult with the Committee on any planned substantial changes or developments to service provision.

2. Recommendations

The Committee is recommended to:

- 2.1 Note the report
- 2.2 Identify any areas of concern or interest that require further investigation.

3. Detail

Priorities and Pledges

- 3.1 This report informs Scrutiny Committee Members on the progress we are making in delivering the priorities and pledges set out in Swindon's vision for 2016-2020 around supporting vulnerable adults to live as independently as possible and enjoy safe and fulfilling lives (priority 4). The three pledges we are committed to in delivering this priority include:
 - 3.1.1 Working with the Clinical Commissioning Group (CCG) and GP surgeries to help people with long term health and social care needs to manage their health effectively with support from community groups and multidisciplinary teams (Pledge 26)
 - 3.1.2 Ensuring that more people and their carers are supported to live as independently as possible and reducing the length of time people need to spend in residential care. (Pledge 27)

Performance for Adult Social Care Commissioning

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 12th September 2018

3.1.3 Reducing smoking prevalence to less than England average (Pledge 30)

3.2 This is an interim report to provide an overview of performance as at the end of June 2018. A more comprehensive report will be prepared for November. . Performance and activity data are provided in the Appendix. We have highlighted those performance areas which we jointly deliver with the Clinical Commissioning Group as part of the Better Care Fund (BCF)

What are the challenges that your organisation is facing?

Top Four Priorities	Progress & Next Steps	Impact/outcomes
Learning disability Services	Focussing on aligning spend on learning disability services with spend in similar authorities through service re-design (see paragraphs 3.1 to 3.3)	To deliver a service that appropriately supports service users to enable them to actively contribute to society
Adult Safeguarding	Work is ongoing to address the shortfalls identified by the safeguarding service audit and performance management of the service. Progress is being tracked and the impact monitored to ensure improvements are fully embedded across the service (see paragraphs 3.4 and 3.5)	Adults are appropriately safeguarded through timely identification of adults at risk and robust compliance with adult safeguarding processes.
Quality of Care Homes	Ongoing focus to support providers to drive quality improvements across the care homes in Swindon (see paragraphs 3.6 and 3.7)	A higher proportion of Swindon Care Homes judged as good or outstanding by CQC
Smoking	We will continue to work with partners and stakeholders to further embed tobacco control interventions into strategies, action plans, performance frameworks and pathways to further develop a whole system approach to encourage more people in Swindon to quit smoking (see paragraphs 3.8 and 3.9)	Smoking prevalence in Swindon is reduced

Learning Disability Services

3.1 Work is ongoing to reduce spend on Learning Disability services to align with spend in similar authorities. The 2018/19 budget for Learning Disability is £28.858m. The service has already achieved the £500k savings set for 2018/19,

Performance for Adult Social Care Commissioning

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 12th September 2018

a further saving of £1m is planned for 19/20. The service re-design programme is making good progress in changing the approach to service delivery to enable individuals to become more independent.

- 3.2 Supporting people with a disability into paid employment is a national policy priority as well as a local pledge. At the end of June there are 36 adults in receipt of support who are in employment equating to 6% which is an improvement on last year's performance of 5.5%. There are an additional eight adults with learning disabilities who are no longer receiving long term support services who are in meaningful employment for 16 hours or more per week. The draft strategy for Supported Employment is on the agenda for Health and Wellbeing Board in October 2018 for approval. The strategy outlines priorities and headline actions for increasing the number of Swindon's vulnerable residents (particularly people with learning disabilities) who gain and retain paid employment in the open market or another meaningful employment related activity. The draft strategy is currently in circulation for consultation.
- 3.3 We continue to strive to undertake timely reviews within learning disability services but performance continues to be impacted by capacity, the drive to deliver savings, and the timely processing of data which has led to under reporting.

Adult Local Safeguarding Board

- 3.4 We continue to maintain and develop the profile of safeguarding adults. There has been a 16% decrease(232) in the number of referral received by the safeguarding team during quarter 1 2018/19 compared to the same period in 2017/18 (276). Nearly half the alleged abuse referrals took place at home (108), 12% (27) in supported accommodation, 9.4% in care home and 7.3% in care home with nursing. The concerns the majority of alleged abuse referrals related to were physical (63), financial (51), psychological (43) and neglect (40). The majority of referrals have come from care provider (61) and GWH staff (43). Fifty five referrals progressed to an enquiry, of which 33 were substantiated. In the majority of cases care management action was taken to address the abuse (10). Two outcomes resulted in criminal prosecution/police action. The categories of concern align with the national trends reported through the Safeguarding Adult Collect (Health and Social Care institute) Further benchmarking will be undertaken following the publication of the Local Adult Safeguarding Annual Report in October 2018.
- 3.5 The action plan to address the shortfalls within the quality of the safeguarding services are being tracked and the impact monitored to ensure improvements are fully embedded across the service. The Risk Enablement Panel continues to support adults who are considered high risk but are believed to have Mental Capacity.

Performance for Adult Social Care Commissioning

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 12th September 2018

Quality of Care homes

- 3.6 There is one private residential care home that has recently been judged as inadequate by CQC in Swindon. This home is being monitored on a weekly basis by Adult Social Care Commissioning Team and a focussed inspection by CQC is planned for quarter 2.

	% Nationally	% Swindon (Q1 18/19)	No. Swindon (Q1 18/19)
Residential (Older People /Physical Disability and Learning Disability)			
Inadequate	1%	2%	1
Requires Improvement	21%	18%	7
Good	76%	69%	27
Outstanding	2%	10%	4
Nursing			
Requires Improvement	28%	22%	3
Good	66%	78%	11
Outstanding	2%	0%	0

- 3.7 The Commissioning Team undertakes annual quality assurance visits and supports providers to make improvements. The Care Home Forum meets throughout the year with shared chairing by a provider representative and the Head of Commissioning. The Forum attendance continues to improve, and commissioners visit the individual homes to encourage more active engagement. Commissioners also meet with CQC bi-monthly to triangulate information regarding particular providers who may be of concern. The Care Home framework is in preparation and a new service specification is being developed to provide clarity for residential and nursing home providers on the future commission intentions from both CCG and SBC in relation to quality and outcomes.

Smoking

- 3.8 Smoking continues to be the biggest preventable cause of ill health and early death as well as the leading cause of health inequality. The smoking prevalence in adults in Swindon for 2017 (latest available data) is 17.3% which means Swindon is statistically similar to the England average of 14.9%. Although this has increased from the 2016 figure of 14.9%, the Swindon trend for smoking prevalence in adults is encouraging. Between 2011 and 2017 smoking

Performance for Adult Social Care Commissioning

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 12th September 2018

prevalence in Swindon has decreased by 0.93% each year compared to 0.85% in England. There are an estimated 7,000 fewer adult smokers in Swindon in 2017 compared to 2011. Smoking is far more common among unskilled and low income workers than among professional high earners. Smoking rates amongst workers in our routine and manual jobs are higher than our rates for adults overall. Smoking prevalence for this cohort in Swindon in 2017 is reported as 26.2% which is similar to the England average of 25.7%. Our smoking in pregnancy at the time of delivery (SATOD) prevalence rate for 2017/18 was 11.3% which equates to approximately 320 women.

- 3.9 There are a number of initiatives planned for 2018/19 to encourage more people to quit smoking. For example, we are increasing the number of smokefree places across Swindon – e.g. play parks and newly created District Centres to further normalise a smokefree lifestyle including the Great Western Hospital site on 01 January 2019. Swindon is launching the Health Optimisation programme in July 2018 where patients on the muscular skeletal pathway will be offered and signposted to support to quit smoking or lose weight to improve their health outcomes at every opportunity. We will continue to work with partners and stakeholders to further embed tobacco control interventions into strategies, action plans, performance frameworks and pathways to further develop a whole system approach.

What have you done well?

Top five achievements	Progress to date & Next Steps	Impact/outcomes
Managing demand and financial pressures	Forecast outturns at year end is a balanced budget for public health and a slight under-spend for Adults as at June 2018. Services are on target to achieve 2018/19 savings. Initiatives to manage demand successfully being implemented (see paragraph 3.10 and 3.11)	Demand and future cost pressures are effectively managed.
Delayed transfers of care - DTOC	Delayed Transfers of Care has significantly reduced and continues to be effectively managed following the successful delivery of the Adult Social Care re-design Transformation Programme (see paragraphs 3.13 and 3.14)	Fewer patients are having their discharge from hospital delayed when they are medically fit to leave hospital.

Performance for Adult Social Care Commissioning

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 12th September 2018

Front Door	We continue to focus on helping people to maintain and prolong their independence through improving our first point of contact /front door. Our aim is to divert people into community based solutions where that is the right thing to do, and for those who do need help, we need to make sure they get it quickly (see paragraph 3.15)	The front door is more effective in dealing with people with lower level needs through the provision of better information, advice and signposting. The right people (i.e. those with higher levels of need) are progressing to assessment and service.
Reablement	There continues to be significant improvements in the Reablement Service. Swindon Borough Council's Reablement and Fessey House programme has received highly commended in the HSJ (Health Service Journal) 2018 Value awards (see paragraph 3.16 to 3.17)	More people are supported to live independently at home following an episode of care.
Permanent admissions to Residential Care and Nursing Homes	Admissions to residential and nursing care continues to be effectively managed (see paragraphs 3.18 and 3.19)	More people are supported to live independently at home following an episode of care.

Managing Demand and financial pressures

- 3.10 The latest forecast outturn position as at June 2018 across Adults is an underspend of £301k at year end. To date, we have achieved £1.813m of savings, 48% of the challenging target we set ourselves for 2018/19 of £3.726m. Public Health is forecasting a balanced budget at year end.
- 3.11 The number of people who might need social care services in the future is expected to rise significantly at a time when funding is decreasing. We are successfully adopting a strength based approach as outlined in our Adult Social Care Strategy. This involves initially entering into conversations with people who seek support building on strengths, understanding what people can do, and how communities, families and friends can help. Where people need ongoing support, we work towards sharing this responsibility with the individual, their families and their communities. Our aim is to meet people's needs in a personalised way which delivers the outcomes that people seek.
- 3.12 A new project has been approved to focus on reducing loneliness and isolation in local areas so that people are happier and enjoy the best quality of life. This will build on our experience of mobilising local people and building community

Performance for Adult Social Care Commissioning

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 12th September 2018

capacity. This is an important project as there are significant and lasting impacts associated with loneliness and isolation.

Delayed Transfers of Care (DToC) – (BCF Scheme and Indicator)

- 3.13 A delayed transfer of care is where a patient is ready and safe to leave hospital care, but unable to do so, and remains occupying a hospital bed. Swindon Borough Council, Swindon CCG, Great Western Hospital, and Wiltshire Council continue to work together to tackle the blockages leading to patients having their discharge from hospital delayed.
- 3.14 Delayed Transfers of Care attributable to social care has significantly reduced following the successful delivery of the Adult Social Care re-design Transformation Programme launched in April 2017. The provisional DToC data for end of July 2018 indicates further improvement with 0.84 bed days lost due to discharge delays attributable to social care compared to 13.06 in July 2017. As at end of July 2018, there were no joint attributable delays (e.g. NHS and social care). The main areas of reduction in delays attributable to social care have been due to more timely completion of social work assessment, speedier transfers to residential and nursing care, and less delays in waiting for a care package at home.
- 3.15 The latest published DToC performance as at end of June 2018 is 1.05 bed days per 100,000 population lost due to discharge delays attributable to social care against a target of 2.67. This is significantly better than the average for the South West (4.35). Our cumulative year to date (YTD) performance per 100,000 population, April 2018 to June 2018, for delayed discharge attributable to social care is 0.97 days which is below the average for the South West (4.4). The YTD total delayed bed days per 100,000 population for Swindon attributable to NHS, Social Care or Both, for April 2018 to June 2018, is 5.94 which is also significantly better than the average for the South West (10.5). Swindon has been identified as the best performing health and social care system in the South West for managing transfers of care.

Front Door

- 3.16 We continue to focus on helping people to maintain and prolong their independence through improving our first point of contact /front door. Our aim is to divert people into community based solutions where that is the right thing to do, and for those who do need help, we need to make sure they get it quickly. So far this year we have received 3177 contacts, and it is pleasing to see that a higher proportion of these are now being dealt with more effectively at the front door compared to the same period last year. Only 40.1% of these contacts (1274) progressed to an assessment of need, compared with 47.8% last

Performance for Adult Social Care Commissioning

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 12th September 2018

year. From April 2018 to the end of June 2018, 34.7% of people progressed to a service following an assessment compared with 42.6% last year. With the front door becoming more effective in dealing with people with lower level needs through the provision of better information, advice and signposting, we should see the right people (i.e. those with higher levels of need) progressing to assessment and service.

Reablement (BCF Scheme and Indicator)

- 3.17 There continues to be significant improvements in the Reablement Service. From 1st April to June 2018, 150 episodes of homecare reablement have been completed. The average number of days to re-able an individual is 20 days, with 60.6% gaining independence following the service and not requiring ongoing support. We have also improved the number of people receiving reablement at any one time. The average number of people receiving reablement in a week as at June 2018 is 48 compared to 37 people previously. These improvements have been achieved through changing staff rostering and working more efficiently.
- 3.18 Swindon Borough Council's Reablement and Fessey House programme has received highly commended in the HSJ (Health Service Journal) 2018 Value awards. The award recognises how the service has worked in partnership with Great Western Hospital to reshape reablement services. This has avoided people being admitted to residential and nursing placements when it is not in their best interests, and reduced delayed discharges from hospital when the patient is medically fit with a home-first approach. The team found that in 45% of cases where someone was discharged to residential care, they would have achieved a better outcome if had they returned home with appropriate support to help them regain their independence. During 2017/18, the Council increased the number of people benefitting from the reablement service from 300 to 485 (a 163 per cent increase), saving more than £1.9m for the health and social care economy.

Permanent admissions to Residential Care and Nursing Homes (BCF scheme and Indicator)

- 3.19 Admissions to residential and nursing care continues to be effectively managed and remain below target for older adults (aged 65 and over). From April 2018 to June 2018, 26 older people have been admitted to permanent care: 12 to a nursing home placement and 14 to residential care. Amongst these first time permanent admission to care, 5 people were admitted with mental health needs and 21 people were admitted with personal care/physical support needs (older people). Permanent Residential and Nursing Admissions 65 years per 100,000 of the population is 77.08 as at June 2018 which is below the target of 165.27 (lower is better).

Performance for Adult Social Care Commissioning

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 12th September 2018

- 3.20 For younger adults from April 2018 to June 2018, one person with mental health needs has been admitted to a residential placement. Permanent Residential and Nursing Admissions 18-64 year olds per 100,000 of the Population is 0.74 as at June 2018 which is better than the target of 2.96 (lower is better). Where possible, we place people in Care Homes and Extra Care Housing that are owned by Swindon Borough Council to reduce budget pressures.

4. Supporting Information

- 4.1 None

5. Alternative Options

- 5.1 None

6. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 6.1 There are no direct financial implications arising from this report. Any financial pressures resulting from changes in demand for social care services will be identified and included within the Council's Medium Term Resourcing Plan.

Legal and Human Rights Implications

- 6.2 None.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 6.3 None

Diversity Impact Assessment

- 6.4 None.

Risk Management

- 6.5 None.

7. Consultees

- 7.1 Director of Adult Social Care, Deputy Director of Adult Social Care, Cabinet Member for Adults' Health and Social Care, Director of Public Health and Adult Social Care Managers.
- 7.2 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

Performance for Adult Social Care Commissioning

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 12th September 2018

8. Background Papers

8.1 None.

9. Appendices

9.1 Appendix 1 – Performance and Activity Data 1 April to 30 June 2018