

# Performance for Adult Social Care Commissioning

## Adults Care, Adults Health and Housing Overview & Scrutiny Committee

7<sup>th</sup> February 2017

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

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### 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

- 3.1 Update
  - 3.1.1 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:

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Further information on the subject of this report can be obtained from Sue Wald, Direct Dial Telephone Number: 01793 465713, [swald@swindon.gov.uk](mailto:swald@swindon.gov.uk)

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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)

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)

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

- 3.1.2 This is an interim performance report which will be followed up by a more comprehensive analysis of performance at Adults Care, Adults Health and Housing Overview and Scrutiny Committee in April 2017. Background details on performance and activity are provided in the appendix. Despite ongoing budget pressures, we continue to strive to deliver the ambitious agenda we set ourselves at the start of the year
- 3.1.3 Collaborative work continues between local health and care organisations from Wiltshire, Bath and North East Somerset (BANES) to further shape and embed our joint Sustainability and Transformation Plan (STP). This plan is required by NHS England to respond to the increasing demand placed on local health and care services from population growth and people living longer, and often with long term conditions. The plan sets out how health and care services across our organisations will work together to improve people's health and wellbeing and support the delivery of quality services which are financially sustainable. The final plan was submitted to NHS England (NHSE) in October 2016. Initial feedback identified the need to scale up the level of redesign to be more transformative, however, NHSE were complimentary over the work on digital and estates. Over the coming months we will continue to work with health and social care colleagues across the STP footprint to further shape and implement the final plan. We will focus on ensuring SMART objectives are set for each project within the STP, and that a robust set of Key Performance Indicators (KPIs) are developed to track the benefits over time. The plan has been published by the Health and Wellbeing Board.
- 3.1.4 We continue to work with health colleagues to deliver our Better Care Fund Plan for 2016/17. The Better Care Fund (BCF) is a local single pooled budget

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between NHS and local government to support joint working. Our aim is to focus local health and care services on people's wellbeing, and shift resources into social care and community services to benefit local people, communities and our health and care systems. The Swindon Better Care Fund vision builds on success integration and joint working locally with health and the Five Year Strategic Plan for Swindon. The BCF plan is informed by our Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy. We will be refreshing our BCF Plan for 2017-19 with our partners over the coming months following the publication of the guidance by NHS England in late January 2017.

### 3.2 What are the challenges that your organisation is facing?

#### 3.2.1 Managing demand and financial pressures

The forecast outturn position across Adults as at the end of November 2016 is an overspend of £4.640m. There are two main reasons for this overspend, firstly Adult Social Care agreed a challenging savings target at the start of the year of £6.163m, total savings as at November 2016 are £3.543m and are projected to rise to £4.193m by the end of the financial year. The challenges of managing the early transfer of SEQOL services has redirected management focus away from savings programme over the last four months which has led to slippage within the savings programme.

The pressure from Older People services are the other major impact on the financial position this year as we are seeing more demand through hospital discharge and more complex care needs.

#### 3.2.2 Delayed transfers of care (DTC)

We continue to work with Swindon CCG, Great Western Hospital, SEQOL and Wiltshire Council to tackle the blockages leading to patients having their discharge from hospital delayed. Delayed discharge is a challenge nationally and regionally. The Delayed Transfers of Care Programme Board has been refreshed to implement additional support at home which was been funded by the NHS and went live in November 2016. Monthly monitoring continues. From August to October we have seen the number of delays stabilising although still above target. October 2016 position stands at 5.61 per 100k population compared 8.8 for the same period last year. The main cause of delays for Swindon in October was due to the availability and arrangement of Nursing

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Home Placements (39% compared to the national figure of 17%). However, Swindon continues to perform better than the South West average of 8.25 per 100k pop and the England average of 6.1. The DTOC days for Swindon are 1137 fewer compared to this time last year.

A new Home to Assess (HTA) Team has been established consisting of occupational therapists, physiotherapists and nurses. The Service provides care up to 72hrs following discharge facilitated through completion of therapy assessments at home rather than hospital. Patients receive a same day nursing review following discharge. Where there are any other ongoing needs, the team will refer on to the appropriate service. The Blaylock Discharge Planning Risk Assessment Screen is used to determine suitability of patients eligible for the service. In the first two weeks of the service being offered, approximately 54 bed days were saved (calculated on knowing the type of patient and the delay attached to them if they were still in the hospital setting).

Work is underway to support future development of the Frailty pathway which aims to: ensure safety and improve patient experience; support developments of the Stroke pathway; and improve patient flow across the system. Areas identified as requiring attention include examining existing model of care and patient pathway, patient flow, systems and processes and workforce. Improvements to date include medical cover 7 days, clinician to clinician agreement prior to transfer, week-end ward rounds, GP access to IT systems.

### **3.2.3 Learning disability Services**

Work is ongoing to reduce spend on Learning Disability services. Spend per service user in Swindon remains high compared to other authorities. We continue to work with housing colleagues to commission a greater variety of supported living accommodation to reduce the need for care home provision. The percentage of people with learning disabilities in employment in Swindon is low compared to other authorities.

We have successfully established the multi- agency Transitions Programme to develop better pathways to improve access to employment and education opportunities, ensuring that those with disabilities are able to reach their maximum potential. The Programme prioritises those young people who are likely to transfer to a service provided by Adult Social Care or Adult Mental

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Health and includes young people with physical disabilities, young people with a learning disability, and some care leavers. A new Head of Transitions has been appointed. A Communications Plan for the Programme has been developed, and a detailed financial analysis around Transitions has been undertaken. A Transitions Roadshow is planned for March 2017 for parents and professionals. We are engaging young people through Planning Live, a child-led strength-based facilitated discussion around long term aspirations including skilling them to enter employment.

We continue to strive to meet our target to review the care packages of 70% of our service users with a learning disability to ensure their support is appropriate and delivers value for money (latest performance predicts 64.5% achievement). Ongoing management oversight to monitor activity and capacity to drive improvement will continue over the coming months. Managers are focussing on supporting staff working in learning disability services to enhance their skills and expertise in support planning and reviews.

### 3.2.4 Delivering New Models of Care

Since transferring services from SEQOL to Swindon Borough Council (SBC), we have identified a number of quality challenges. During December 2016, we undertook an assessment of our Adult Social Care Services for older people and people with physical disabilities with support from the external consultants Newton. The assessment identified the following areas for improvement opportunity which also have the potential of delivering significant savings in the longer term:

- **Front Door** – improve decision-making at the point of initial referral into the service to ensure clients are provided with the best pathway of care to maximise their wellbeing and independence and minimise their dependence on SBC domiciliary, residential and nursing care provisions.
- **Acute** - to ensure clients receive the right support when being discharged from acute hospital to maximise independence over time
- **Assessment and Review** – to design and implement new processes and practices to ensure the right social care provisions are put in place following assessments and reviews to maximise independence

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- **Ways of Working-** to introduce new ways of working to increase the capacity and quality of assessments and reviews completed by practitioners.
- **Reablement-** improves the effectiveness **and maximise capacity of** reablement and rehabilitation services to upskill clients so they can live quality and independent lives.

Improvement actions and benefits will be tracked over time and regularly reported to Adults Care, Adults Health and Housing Overview & Scrutiny.

### 3.2.5 Reducing smoking prevalence

The smoking prevalence rate in adults in Swindon is 18.7% and England's average is 16.9%. Activities to support improvement include:

- A procurement process is underway for locally provided Primary Care Services, which includes support to stop smoking. Having support to stop smoking available in our Primary Care Services, i.e. GPs and pharmacies, provides good accessibility and choice for those wishing to quit smoking.
- Swindon Central Bus Station was launched as a voluntary smokefree site from 31 October 2016 and marked the end of our campaign work for the annual Stoptober campaign. A survey of bus station users is being conducted in the New Year to assess the impact of this initiative.
- Continue to work with planning on the development of a smokefree district centre at Wichelstowe
- Ongoing awareness raising amongst young people and schools to prevent the uptake of smoking

The Swindon Smokefree Alliance (SSFA) Partnership continues to oversee the integrated tobacco control programme for Swindon. The SSFA managed the development of the new draft Swindon Tobacco Control Strategy 2017 - 2022 which will go to the Health and Wellbeing Board Chairs Advisory Group meeting on 15 February 2017. The new draft strategy sets how, over the next five years, we will work together across Swindon to reduce the number of people who smoke and the harm caused by tobacco use.

### 3.3 What have you done well?

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### **3.3.1 Prevention and Early Intervention**

Prevention and early intervention are key for managing demand and future cost pressures. We aim to maintain and prolong people's own independence through improving our first point of contact /front door. The 'Front Door' is a key component of the improvement programme mentioned above (see paragraph 3.2.4). Our emarketplace, My Care My Support (MCMS), provides extensive information around health and wellbeing, residential care, support at home, social groups and clubs and education across the voluntary, third and private sectors. We continue to develop a 'front door' hub for residents to use as a first port of call for help and support by promoting the services available at Sanford House and the MCMS website. So far this year we have received 8,422 contacts, and compared to the previous year, a higher proportion of people are getting the information and advice they need at initial contact. 24% (2024 contacts) of people who received information and advice at initial contact did not require any additional support compared with 20% (1879 contacts) in the same period last year. Fewer clients are also progressing on to a service assessment (45.48%) compared to the same period in 2015/16 (48.54%).

This year we have increased our intermediate care provision, step up crisis support and bridging domiciliary care services to reduce hospital admission and facilitate appropriate hospital discharge. 303 clients have completed 317 episodes of crisis domiciliary care at home, receiving on average 18 days of service. In addition, 40 adults have been admitted to crisis temporary placements with an average length of stay of 35 days. 210 clients have received domiciliary reablement services (compared to 163 last year) and 43 people have had an episode of residential reablement compared to 54 in the previous year. The outcome for clients following the completion of a reablement episode has been very positive with 79% (185) no longer requiring a state funded service. Reablement helps people regain the ability to look after themselves following illness or injury and aims to keep people as independent as possible for as long as possible

We are undertaking more timely assessments with 92.8% (3100) assessments starting within 5 days. This is above the 85% target and a significant improvement on the same period last year (74%).

### **3.3.2 Choice and control**

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Our aim is to support independence, and promote choice and control, for people facing difficulties due to disability, mental health issues, effects of age and other circumstances. Through personalisation, people have the opportunity to manage their own resources and determine how their needs will be met by organising their support and services themselves. Although we are ahead of target with 2989 clients having received an annual review of need by end of November 2016 (53.88%), we are under-performing for the number of clients who have a personal budget (1300 adults, 90.66% against a target of 95%) and clients receiving their personal budget through a direct payment (378 adults, 26.4%). However, we have made significant improvements in both personal budgets and direct payments compared to the previous year although we remain below the target of 100%. Commissioners continue to work closely with providers, especially Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) who have only 56.8% of clients with a personal budget, to improve access to self-directed support

We recognise carers provide regular and substantial support for service users and it is encouraging that we are on track to meet our year-end target for 70% of carers to have had an assessment or review of their needs. To date, 57.29% (872) carers have received an assessment or review. However, as at November 2016, the proportion of carers with self-directed support continues to be low at 34% (149) compared to the 15/16 England average (77.7%) and South West average (55.4%). We continue to work with the Swindon Carers Centre to address the shortfall in personal budgets.

### **3.3.3 Permanent admissions to Residential Care and Nursing Homes**

Admissions to residential and nursing care are being effectively managed and remain below target. From April to November, 126 older people have been admitted to permanent care: 63 to a nursing home placement and 63 to residential care. Amongst these first time permanent admission to care, 17 people were admitted with mental health needs and 1 with a learning disability and 108 people with personal care/physical support needs. This is an 18.7% reduction on the same period last year where 155 older people had been permanently placed. The target for the year is to admit no more than 228 older people (a rate of 689.52 per 100k population). Current performance is



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comfortably within the monthly target and puts us on track to achieve our year-end target.

### 3.4 Supporting Information

None

## 4. **Alternative Options**

4.1 None

## 5. **Implications, Diversity Impact Assessment and Risk Management**

### Financial and Procurement Implications

5.1 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

5.2 None

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

5.3 None

### Diversity Impact Assessment

5.4 None

### Risk Management

5.5 None

## 6. **Consultees**

6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

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## **7. Background Papers**

7.1 None

## **8. Appendices**

8.1 Appendix 1 – Activity and Performance Data