

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

Author: Director of Adult Social Services

Wards: All

Locality Affected: 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

- 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:

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)

Further information on the subject of this report can be obtained from Phillipa Lamb, Direct Dial Telephone Number: 07818510484, plamb@swindon.gov.uk

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

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 year end performance at Adults Care, Adults Health and Housing Overview and Scrutiny Committee on 22 June 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. We also recognise that performance during the year has been impacted by a number of factors, some of which were beyond our control. For example, the early decommissioning of SEQOL services and the successful transfer of 400 staff, the creation of a new management structure, the diagnostic work undertaken with Newton, challenges with Continuing Healthcare Funding and the ongoing hospital pressures. However, we are confident that the time and capacity we have invested in these areas over the year will positively impact on performance in the longer term.
- 3.1.3 Collaborative work continues between local health and care organisations from Wiltshire, Bath and North East Somerset (BANES) to manage our Sustainability and Transformation Plan (STP) savings. The STP 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. An STP Finance Savings Working Group is being established to manage the savings and provide support for the following STP challenges:
- Delivery of the annual financial control targets set for the STP collectively and individually
 - Identifying savings plans that are robust and deliverable
 - Ensuring that one organisation's savings programme does not work to the detriment of another organisation in the STP
 - Ensuring that commissioners' savings plans for providers are deliverable
 - Ensuring that providers' savings plans and service re-design are consistent with commissioners' service plans
 - Identifying a complete and shared STP savings programme by the end of June 2017

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

- 3.1.4 We are working with health colleagues to refresh our Better Care Fund Plan for 2017-19. The Better Care Fund (BCF) is a local single pooled budget between NHS and local government to support joint working. The aim of our BCF plan 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 plan is informed by using our Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy.
- 3.1.5 In the 2017 Spring Budget, the Chancellor announced that councils will receive an additional £2 billion over the next three years for social care, of which £1 billion will be provided in 2017-18. This additional funding is to support improved performance at the health and social care interface by reducing pressures on the NHS (including supporting more people to be discharged from hospital when they are ready) and stabilising the social care provider market. The allocation for Swindon in 2017/18 is £2.9m. We are currently awaiting formal guidance for allocating this additional money.

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 February 2017 is an overspend of £4.724m. There are two main reasons for the overspend, firstly Adult Social Care agreed a challenging savings target at the start of the year of £6.163m, total savings as at February 2017 are £3.931m and are projecting to achieve £4.203m by year end. As mentioned in previous reports, the challenges of managing the early transfer of SEQOL services redirected management focus away from savings programme over the last six 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 (£2.8m projected overspend) as we are seeing more demand for older people, mainly through discharge from hospital with more complex care and medical 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. In November 2016, the Delayed Transfers of Care Programme Board was refreshed to implement additional support at home which was been funded by the NHS. Monthly monitoring continues. From April 2016 to January

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

2017, the hospital days lost due to DTOC for Swindon are 1327 fewer compared to this time last year. As in previous months, the main cause for delay in January 2017 was due to the availability and arrangement of Nursing Home Placements (31% compared to the national figure of 14%). From April 2016 to the end of January 2017, the delayed transfers of care attributable to social care in Swindon equates to a rate of 6.01 per 100,000 population compared with a South West average of 8.58 and an England average of 6.10 per 100,000 population.

Work continues to support expeditious and timely hospital discharge so that patients stay until their acute medical episode is finished, receive a high level assessment and then move to a more appropriate location for assessment of future needs. We are actively developing the frailty pathway with health to ensure patient flow is improved and creating a cohesive admission alternative pathway to meet the needs of local population including discharge to assess and step down and step up beds. We are also focussing our efforts on improving the effectiveness and maximising the capacity of reablement and rehabilitation services to upskill clients so they can live quality and independent lives.

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.

The multi- agency Transitions Programme is beginning to improve the pathways for employment and education opportunities, ensuring that those with disabilities are able to reach their maximum potential. The Programme prioritises young people who are likely to transfer to a service provided by Adult Social Care or Adult Mental Health and includes young people with physical disabilities, young people with a learning disability, and some care leavers. Better joint working between Children, Adults and Economy services is helping to identify children earlier, raise the aspirations of children and families, and support children and young people to develop life skills alongside education, training and employment opportunities in preparation for adulthood. The Transitions Roadshow event held in March was well attended with positive feedback from parents, carers, young people and professionals. The commissioning work stream of the programme is addressing how we can secure a more outcome focussed model of support and encourage new providers into the market.

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

Ongoing management oversight to monitor activity and capacity to drive improvement across our services for adults with learning disabilities continues. Managers are focussing on supporting staff to enhance their skills and expertise in support planning and reviews. Staff engagement with training and development opportunities has reduced their capacity to undertake timely reviews and this is reflected in current performance. At the end of February 2017, 364 learning disability clients had received a review of their needs (52.9%). Based on current performance, we are projecting to achieve 60.7% at year- end against our annual target of 70%. The lower performance is in part due to the introduction of high quality detailed reviews which have taken more time to complete. However, we already have evidence that service users are experiencing more person centred reviews which should lead to better outcomes in the longer term as staff become more skilled in helping clients raise their aspirations and seek alternative living and support arrangements.

3.2.4 Older People/Physical Disability

During December 2016, we undertook an assessment of our Adult Social Care Services for older people and people with physical disabilities with support from Newton. The assessment identified:

- Opportunities for working differently
- Lack of clarity around the front door-referral process into Adult Social Care
- Missed opportunities for conversation with families and older people as to what their needs are
- Opportunities to adopt a more strengths bases approach to assessment e.g. what can people do for themselves
- The need for stronger links between hospital social work team and the discharge team
- The need to re-dress the balance enabling staff to have more direct contact time with service users and less time on paperwork
- Inconsistencies in recording practices
- Evidence of multiple recording on different systems
- Re-enablement only available following an OT assessment in GHW

The following areas have been identified for improvement opportunities which will also potentially deliver significant savings in the longer term. Benefits will be

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

tracked over time and learning, methodologies and expertise will be shared over the time of the programme.

Front Door Project

Work with Voluntary Sector Organisations based at Sanford house to ensure the principles of prevention and early intervention are fully embedded in working practices. We aim to maintain and prolong people's own independence through improving our first point of contact /front door. We need 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.

Acute work stream

Clarify the role and function of the Discharge, Assessment and Referral Team (DART) and the Social Work Team at Great Western Hospital (GWH). Our aim is to reduce delays particularly around assessments and make sure those who need social care are identified as early as possible and the right conversations take place at the right time to get people home as soon as possible. We want to prevent inappropriate referrals and admissions to nursing care and keep a focus on getting people home. Currently we have a high spend on nursing care with a disproportionate number of people being admitted to nursing homes.

New ways of Working

We aim to support staff to have more direct contact time with clients by streamlining the assessment and review process, reviewing the paperwork and shifting to outcome focussed practice. We will improve access to reablement and ensure it is effectively targeted to improve uptake. We are also re-tendering our domiciliary care contract and residential and nursing home contracts to focus on commissioning for outcomes rather than services.

3.2.5 Safeguarding

We continue to maintain and develop the profile of safeguarding adults. The number of alerts regarding allegations of abuse continues to increase, but this is more likely to reflect improved awareness, reporting and recording rather than an increase in the number of incidents of abuse. Since April 2016, the Safeguarding Team has received 1074 concerns, 5.6% increase compared to 2015/16. However, only 400 of these reports progressed to an enquiry stage, and so far, 86 were substantiated either partially or fully (some enquiries have not yet been completed). We are working with partners to ensure staff training is in place to

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

reduce the number of concerns that do not lead to an enquiry as these tend to relate to quality rather than safeguarding issues

The Local Safeguarding Adult Board (LSAB) is reviewing the local 3 year strategic plan and has identified four main priorities to support further improvement:

- Introduce more robust governance arrangements for the Board;
- Improve the quality and performance of safeguarding practices and processes to ensure we deliver an effective and responsive service following a concern. Healthwatch will help us obtain views from service users who have experienced the safeguarding service.
- Pro-actively engage with communities across Swindon to raise awareness to safeguarding concerns and improve the quality of response when concerns become apparent.
- Focus on workforce Development to improve the consistency and standard of safeguarding reporting and training across the partnership

3.2.6 Reducing smoking prevalence

Wider tobacco control work has continued across Swindon to promote the smoke free agenda and reduce the number of people who smoke. Smoking prevalence rate in adults in Swindon is 18.7% and England's average is 16.9%. The launch of Swindon Central Bus Station as a voluntary smokefree site from 31 October 2016 was evaluated in January 2017 to assess the impact of this initiative. A post implementation face to face survey was undertaken and 125 people took part in this survey at the bus station. 81% of people said that the launch of the bus station as a voluntary smokefree site had made a difference.

Smoking in pregnancy at the time of delivery (SATOD) is the measure that gives the smoking in pregnancy rate. The quarter 3 2016/17 SATOD data was published on the 10th March by NHS Digital. The percentage of women recorded in Swindon as smokers at the time of delivery for the third quarter of 2016/17 was 11.9%. This is lower than the rate recorded for quarter three last year and for 2015/16 overall (12.6%).

The Swindon Tobacco Control Strategy 2017 – 2022 was approved by the Health and Wellbeing Board on 15 March 2017. The Swindon Tobacco Control Alliance, which is a partnership of key stakeholders, will monitor and ensure effective implementation of the strategy and develop the action plan associated with the Strategy.

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

The recent procurement is complete for locally provided Primary Care Services, which includes support to stop smoking. 18 General Practices (GPs) and 32 Community Pharmacies have signed up to deliver the stop smoking service in Swindon from 1 April 2017. The support from GPs and Pharmacies, coupled with that offered by the SBC Community Health and Wellbeing Team, offers good accessibility and choice for those wishing to quit smoking.

3.3 What have you done well?

3.3.1 Prevention and Early Intervention

Prevention and early intervention are key to managing demand and cost pressures. As mentioned previously (paragraph 3.2.4) we aim to maintain and prolong people's own independence through improving our first point of contact /front door. We continue to develop the 'front door' hub for residents at Sandford and our emarketplace, My Care My Support. So far this year we have received 11,368 contacts, with a higher proportion being effectively dealt with at the front door compared to the same period last year. 24% (2768 contacts) of people received information and advice as the only outcome of that contact compared with 21.6% (2370 contacts) in the same period last year. Once assessed, 47.78% of service users are progressing to a service compared 50.6% in 2015/16.

This year we increased our intermediate care provision, step up crisis support and bridging domiciliary care services to reduce hospital admission and facilitate appropriate hospital discharge. 378 clients have completed 404 episodes of crisis domiciliary care at home, receiving on average 17 days of service. In addition, 52 adults have been admitted to crisis temporary placements with an average length of stay of 63 days. 315 clients have received 397 episodes of domiciliary reablement services (compared to 163 last year) and 97 people have received a total of 105 episodes of residential reablement with an average of 49 days of 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 90.5% (4294) assessments starting within 5 days. This is above the 85% target and a significant improvement on the same period last year (78.8%).

3.3.2 Choice and control

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

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

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. The national target is for 100% of clients receiving community based long term support to have a personal budget. From 1 April 2016 to February 2017, 1314 of long term community service users have been allocated a personal budget equating to 91.6%. 383 of these clients (26.7%) are receiving their personal budget through a direct payment. Although these are below target, performance has improved compared to the same reporting period last year where 1223 or 80.8% of clients had a personal budget. The 2015/16 national average was 86.9%. It is pleasing to see that 13 more clients with a learning disability are now accessing direct payments compared to last year (163 current clients compared to 150 clients in 2016). Commissioners continue to work closely with providers, especially Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) who have only 46.6% of clients with a personal budget, to improve access to self-directed support.

Latest performance shows 3652 (65.8%) of clients receiving services during the year have had a review, which is below the 69.6% target we set ourselves for the end of February 2017. We are projecting we will achieve 74.5% at year-end which is just below the annual target of 76%. As mentioned previously (paragraph 3.2.3), developing staff to undertake more outcome focussed reviews has reduced capacity in the short term.

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, 80.1% (1219) carers have received an assessment or review (February 2017 target of 64.1%). It is particularly pleasing to see improved access for learning disability carers to annual reviews which suggest long term planning and carer needs around ageing well are becoming embedding in support planning. 129 carers of clients with a learning disability have received a review of need compared with 103 at the same point last year.

In addition, we have seen improvements in the proportion of carers with self-directed support with 39% having personal budgets (171 carers) against the monthly target of 34.8%. However, Swindon continues to be an outlier compared to the 15/16 England average (77.7%) and South West average (55.4%). We are working with the Swindon Carers Centre to address the shortfall in personal budgets.

3.3.3 Permanent admissions to Residential Care and Nursing Homes

Further information on the subject of this report can be obtained from Phillippa Lamb, Direct Dial Telephone Number: 07818510484, plamb@swindon.gov.uk

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

Admissions to residential and nursing care are being effectively managed and remain below target. From April 2016 to February 2017, 179 older people have been admitted to permanent care: 93 to a nursing home placement and 86 to residential care. Amongst these first time permanent admission to care, 20 people were admitted with mental health needs and 2 with a learning disability and 157 people with personal care/physical support needs (older people). This is a 15% reduction on the same period last year where 211 older people had been permanently placed. However, the reduction is due to 32 fewer older people being admitted to residential care, the number of new admissions to nursing care has remained constant. 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 541.34 which put us on track to achieve our year-end target.

3.3.4 Dementia

Dementia is a key priority for Swindon in the context of an increasingly older population and likely demand on health and social care services. It is estimated over 2,300 people in Swindon have dementia (based on the Joint Strategic Needs Assessment) and most people wait on average 3 years before reporting symptoms to their GP. The latest published data (2015/16) records prevalence for dementia in Swindon is 0.62% for all ages and 4.04% for age 65+. This compares to 0.76% and 4.31% for England. 55.9% of people with a diagnosis in Swindon are using in-hospital services compared to 53.8% in England. The diagnosis rates in Swindon have improved over the last year and the waiting list for a formal diagnosis has reduced to 2-4 weeks. Work continues to develop a clear community pathway for dementia led by the Dementia Steering Group. Great Western Hospital launched a dementia strategy in 2017 which links to the overall strategy. We are a key member of the Swindon Dementia Action Alliance and have recently recruited a Dementia Friendly Swindon Co-ordinator (funded by One Swindon) to work with businesses and others in the community to make Swindon dementia friendly. One Swindon also funds a dementia advisor post at the Alzheimer's Society which provides information and advice to people recently diagnosed and their carers.

The Council has embraced the dementia friends initiative with over 280 staff becoming dementia friends including customer services, staff from Waterside, housing and community. The Dementia Scrutiny Task Group held a successful 'Ageing Well in a Dementia Friendly Swindon' event in March, jointly with Healthwatch which was attended by over 80 people. The Task Group has highlighted the important link between lifestyle behaviours (such as smoking, being inactivity and poor diet), and the risk of dementia, as well as recognising the important role the community and volunteers have in supporting dementia.

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

3.3.5 Falls Prevention

Everyone is more at risk of a fall as they get older. Falls can cause physical injuries but also make people feel less confident and become more dependent. The Swindon Falls and Bone Health Collaborative is a multiagency group involving SBC, Swindon CCG, Great Western Hospital, Dorset and Wiltshire Fire Service, the Carers Centre, Community Health Services, Age UK, South West Ambulance Service and others. The Collaborative launched its Steady Steps to Staying Active for Life booklet at a conference in October. Over 10,000 of the booklets have been distributed across Swindon via GPs, pharmacies, Great Western clinics, libraries, housing, our Community Health and Wellbeing Team and others. The Collaborative has a falls strategy and are developing a pathway. We are training more people to deliver community balance and strength classes and are working with care homes and day centre providers to see how balance exercises can be incorporated into daily activity.

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.

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

Overview & Scrutiny Committee

25th April 2017

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.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 – Performance and Activity Data