

# Performance for Adult Social Care Commissioning

## Adults Care, Adults Health and Housing

### Overview & Scrutiny Committee

22nd June 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:

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)

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

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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 report provides an overview of performance at year end (March 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 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 (available on the Health and Wellbeing Board Website) 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 STP Finance Savings Working Group is overseeing the delivery of our shared STP savings programme.
- 3.1.4 We are continuing to work with health colleagues to finalise 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 our Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Strategy. In the 2017 Spring Budget, the Chancellor announced that councils will receive an additional investment of £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 as the pressures of budget cuts and growing demand have had a significant impact upon services. The allocation for Swindon is in £2.9m for 2017/18, £2.2m for 2018/19, £1.2m for

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2019/20. At this moment in time, the funding is non – recurring with a review into adult social care expected in the autumn of 2017. As required by the government, we have agreed a local action plan with health colleagues to invest this funding to provide stability and additional capacity within the adult social care market. The following priorities for funding have been agreed by the Health & Wellbeing boards at its meeting on the 24<sup>th</sup> May 2017 and will be recommended to cabinet. Our aim is to support safe and timely discharge from hospital by:

- Funding additional capacity for care packages and fee increase in domiciliary care and care homes including national living wage pressures
- Implementing the adult social care redesign programme targeting reablement and hospital social work team initially
- Identifying if a one off investment into social care services is needed to support the service re-design process
- Reviewing the financial support required to secure sustainable long term improvements in adult social care following the outcome of re-design process
- Contributing financially to a system wide contingency fund

3.1.5 Swindon is in the process of developing an Accountable Care system. Accountable Care sits across several organisations: Swindon Clinical Commissioning Group (CCG), Swindon Borough Council (SBC), Great Western Hospital NHS Foundation Trust (GWH) and Avon and Wiltshire Partnership Trust and Primary Care. The aim is for everyone to work together to provide high-quality care for patients. Accountable Care makes the system less complicated, less fragmented, and reduces hospitals delays. Each organisation providing care to the local community will pool resources to support the joint commissioning and delivery of health and social care for everyone. This is to benefit both patients and staff, as well as make better use of resources across the health and social care system. An Accountable Care Alliance Board has been created to oversee the development of the proposals for the new models and the implementation and delivery of the different work streams.

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

#### 3.2.1 **Managing demand and financial pressures**

In Swindon, the Adult Social Care budget has been under significant pressure in 2016/17 which has led to a net overspend of £4.6m. The main cost pressures

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relate to older people care packages and support for people with a learning disability. There are two main factors that have impacted on this overspend, firstly Adult Social Care agreed a challenging savings target at the start of the year of £6.163m, total savings achieved at year end was over £3.9m. As mentioned in previous reports, the challenges of managing the early transfer of SEQOL services redirected management focus away from the savings programme led to slippage on the delivery.

In response to the financial pressures on adult social services, the Council has taken a number of steps already to transform the adult social care system and improve outcomes for residents in Swindon for the coming year. These include:

- Increasing the Adult Social care budget from £60.4m in 2016/17 to £67.3m in 2017/18
- Improving the delivery of the reablement services to increase capacity so more people benefit from the service
- Re-designing the way the hospital social work team works to enable timely discharge of patients and reduce delays, particularly due to social work assessment and admission to residential and nursing homes
- Re-signing the 'front door' of adult social care and provide strong links to the voluntary and third sector
- Redesigning the way we work including assessment and review processes in social work and occupational therapy services so that assessments are timely and promote independence

Adult social care has also set a savings target of £2,617K for 2017/18 across older people services, learning disability (including transitions, reviews and contracts), and supporting people.

### 3.2.2 Delayed transfers of care (DTC)

We continue to work with Swindon CCG, Great Western Hospital, and Wiltshire Council to tackle the blockages leading to patients having their discharge from hospital delayed. Delayed discharge is a challenge nationally and regionally. . From April 2016 to March 2017, the hospital days lost due to DTC for Swindon are 889 fewer compared to this time last year which places us as one of the top four performers in the South West. As in previous months, the main cause for delay in March 2017 was the availability and arrangement of Nursing Home Placements (29% compared to the national figure of 14%). From April 2016 to the end of March 2017, the delayed transfers of care attributable to social care in Swindon equates to a rate of 5.95 per 100,000 population. Although this is

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above our year- end target of 3.9, it is an improvement on last year's performance (8.3 per 100K population) and is better than the latest South West average of 8.79 and England average of 6.4 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. The design phase is now underway to reshape Reablement (March to the end of July) and the implementation phase will run from the end of July to the end of November 2017. The ambition is to increase the number of people using the reablement service. We are also pro-actively engaging with the Care Home Forum to prevent avoidable admission to hospital from care homes and ensure speedy discharge at the earliest opportunity. There is also a focus on reducing the delays for discharge of patients who are medically fit and the responsibility of other CCGs. The Repatriation policy has enabled a more robust process for supporting speedier discharge for out of area patients.

### 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. This year's performance shows more adults with learning disabilities are supported to live in more stable and appropriate settings compared to last year (74.7% vs 71.3%) and take up of paid employment has improved from 3.6% to 5.4% but remains below our target of 6%. Access to employment and training is a corporate priority and the multi- agency Transitions Programme will continue to drive improvement over the coming year.

We continue to maintain management oversight to drive improvement across our services for adults with learning disabilities. Staff have attended training and development opportunities to further their skills and expertise in support planning and reviews which has reduced their capacity to deliver timely reviews. At the end of March 2017, 383 learning disability clients had received a review of their

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needs (53.4%) against the annual target of 76%. Performance has also been impacted by the introduction of high quality detailed reviews which take more time to complete but are more person centred. Evidence to date indicates these reviews will 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. We are now working to increase the number of reviews for 2017/18

#### **3.2.4 Older People/Physical Disability**

The key drivers for demand on adult social care are people with three or more long-term conditions (stronger predictor than age), the over 85's, people who are socially isolated and levels of deprivation/ wealth in the population. It is anticipated we will have experienced a 47% increase in population between 2001 and 2031. The elderly population projections underestimated the complexity of service users and long term conditions now take up 70% of the health service budget. With the rising demand for same day urgent care, all parts of the health and social care system are under pressure. Recruitment continues to be a key challenge for all organisations. Care Homes have reported they feel unsupported which leads to unnecessary hospital admissions. Social care demand is exceeding budgets.

As mentioned in previous reports, we have recently embarked on a transformation programme with dedicated additional capacity to improve:

- Delivery and efficiency of the reablement services to increase capacity so that an additional 220 people will benefit from the service
- Re-design the way the hospital social work team works to enable timely discharge of patients and reduce delays , particularly due to social work assessment and admission to residential and nursing homes
- Re-resign the 'front door' of adult social care and provide strong links to the voluntary and third sector
- Redesign the way we work including assessment and review processes in social work and occupational therapy services to that assessments are timely and promote independence

Programme benefits will be tracked and regularly reported to Health and Overview Scrutiny during the year.

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#### **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 reduce the number of concerns that do not lead to an enquiry as these tend to relate to quality rather than safeguarding issues. We will continue to strive to achieve our target for 100% of safeguarding decisions to be made within 2 working days of the referral date (current performance is 95%). It is encouraging to note that the recent social care user survey has shown good performance has been maintained for the proportion of people who use our services have reported they feel safe and the proportion of people who use our services who say that the services have made them feel safe.

The Local Safeguarding Adult Board (LSAB) has management oversight to safeguard adults in Swindon. The following areas have been targeted for improvement over the next 12 months:

- to further develop partnership working as well as the infrastructure and capacity of Swindon LSAB to ensure it effectively delivers the core functions of the Board and helps keep adults with care and support needs in Swindon safe
- ensure that there are effective multi agency quality assurance and performance management processes in place which promote the welfare of adults with care and support needs as well as hold partners to account
- ensure there is a consistent and co-ordinated approach to disseminating safeguarding message for adults to all groups and communities in Swindon, and to engage adults and communities from all backgrounds with the work of Board
- ensure the workforce of all partner agencies have undertaken safeguarding training relevant to their role and are applying their knowledge and expertise appropriately

#### **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

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rate in adults in Swindon is 18.7% and England's average is 16.9%. We offer smoking cessation services via the Livewell Swindon hub, GP's and pharmacies as well as linking to national campaigns including Public Health England's One You. 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%). Last year we changed from a midwife led smoking cessation service for pregnant women to one where pregnant women are seen by Specialist Health Ambassadors in the community both during and post pregnancy.

The Swindon Tobacco Control Strategy 2017 – 2022 was approved by the Health and Wellbeing Board on 15 March 2017 and by Cabinet on 25<sup>th</sup> April. There is a launch event for the strategy 'Can you lend a hand?' on 29<sup>th</sup> June which is a call to action to partners to support the strategy and consider what different stakeholders can contribute. 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.

ASH Wales are commissioned to deliver an intervention to schools for 11-12 year olds (year 7) to prevent the uptake of smoking. They have visited 6 schools so far this year with very positive feedback from schools.

### 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. Community capacity building is important with the increasing expectation that people will take care of themselves and each other. Working across the health and social care system, we continue to identify opportunities for prevention by working with public health colleagues to improve resilience through healthy lifestyles and other initiatives that promote health and wellbeing and resilience amongst our residents. We have various collaborations that promote prevention across the system (and also link in with the STP Preventative and Proactive work streams) such as the Swindon Falls Collaborative, the Dementia Steering group and the Diabetes Steering group. All of these contribute to reducing demand on services and increase self- help and management of Long Term Conditions. We also have the introduction of the 'Making Every Contact Count' initiative in Swindon which aims to build capacity and resilience through our staff and residents. Our focus is to mobilise individuals to develop their skills,

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confidence and networks. We have sustained and effective partnerships across Public health and the community and voluntary sector which supports the principle for mobilising individuals. For example the work undertaken by the Health Ambassadors and the Community Navigators, the Circles of Support project, and strong links with Healthwatch and the Alzheimer's Society.

As mentioned previously (paragraph 3.2.1) 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. However, the results from our latest annual user survey indicates we still have more work to do to make it easier for people who use our services to find information about services with a reduction in the number of people reporting they find it easy compared to last year (68% vs 75%). During 2016/17 we received 12,443 contacts. Of these, 6183 (approx. 50%) progressed to an assessment compared to 6826 (55%) last year. At year end, 48% of new clients who received an assessment went on to receive a service compared to 50% 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. It is encouraging that we maintain good performance in relation to the timely delivery of equipment with 98.4% of equipment delivered within 7 working days. Latest data also indicates our services are effective with nearly 90% of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation. We continue to perform well in this areas amongst our comparators.

We are undertaking more timely assessments with 88.8% (4128) assessments starting within 5 days. This is above the 85% target and a significant improvement on the same period last year (83.9%).

### 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 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. This year, 1312 of long term community service users have been allocated a personal budget equating to 88%. 362 of these clients (24.3%) are receiving their

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personal budget through a direct payment. Although performance is below the targets we set ourselves at the beginning of the year, we have increased the percentage of users with personal budgets from 83% (1184) in 2015/16, although direct payments has remained static. The 2015/16 national average for personal budgets was 86.9%. It is pleasing to see that 92.2% (413) of clients with a learning disability have a personal budget and 34.2% (153) are accessing it through a direct payment. Commissioners continue to work closely with providers, especially Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) who have only 45% of clients with a personal budget, to improve access to self-directed support. However, there has been significant improvement in the number of adults in contact with secondary mental health services in paid employment (11.8% compared to 8.9% in 2015/16) and adults living independently with or without support (78.3% compared to 58.3% in 2015/16).

Latest performance shows 3885 (70.5%) of clients receiving services during the year have had a review, which is below the annual target of 76%. As mentioned previously (paragraph 3.2.3), staff development and training has reduced capacity to undertake timely reviews in the short term.

We recognise carers provide regular and substantial support for service users and it is encouraging that we have exceeded our annual target of 70% with over 82% of carers (1342) having an assessment or review of their needs. 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. 130 carers of clients with a learning disability have received a review of need compared with 103 at the same point last year. We have not met our annual targets for the proportion of carers with self-directed support and the proportion of carers receiving support through direct payments. 32% of carers have personal budgets (177 carers) against the annual target of 36%, and 30.9% (170) have a direct payment against the annual target of 34%. Swindon continues to be an outlier compared to the 15/16 England average (77.7%) and South West average (55.4%). We will continue to work with the Swindon Carers Centre to address the shortfall in personal budgets and progress will be monitored and regularly reported to Health and Overview Scrutiny over the coming year.

Although the recent survey we have undertaken has shown more carers are reporting satisfaction with their quality of life and social contact, it has also identified a number of areas for improvement. Compared to the previous survey in 2015/16, recent findings have highlighted a slight reduction in the overall satisfaction of carers with social services, there were fewer carers reporting that they have been included or consulted in discussion about the person they care

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for, and there was a reduction in the proportion of carers who reported they find it easy to find information about services. These findings will help shape the specification we are preparing to re-procure a new contract to commence in January 2018 when the current contract expires.

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

Admissions to residential and nursing care have been effectively managed and remain below target for both younger adults (aged 18-64) and older adults (aged 65 and over). During 2016/17, 192 older people have been admitted to permanent care: 102 to a nursing home placement and 90 to residential care. Amongst these first time permanent admission to care, 21 people were admitted with mental health needs, one with a learning disability and 170 people with personal care/physical support needs (older people). The target for the year was to admit no more than 228 older people (a rate of 689.52 per 100k population). Current performance is 580.65 per 100k population aged 65 and over which puts us ahead of our year-end target. During 2016/17, nine younger adults were admitted to permanent care: two to nursing care placements and seven to residential care. Amongst these new admissions to permanent care, three are people with physical care needs, three people have mental health needs and three people have a learning disability. Our rate for first time permanent admissions for younger adults is 6.66 per 100k against a target of 8.89.

#### 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. March 2017 data for NHS Swindon CCG shows an estimated diagnosis rate of 62.5% compared to a national estimate of 67.6%. 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 and held a successful event in Steam on 18<sup>th</sup> May to coincide with National Dementia Awareness Week which SBC were involved with. We are a key member of the Swindon Dementia Action Alliance and a Dementia Friendly Swindon Co-ordinator (funded by One Swindon) started on 24<sup>th</sup> April to work with businesses and others in the community to make Swindon dementia friendly.

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The Council has embraced the dementia friends initiative with nearly 350 staff becoming dementia friends including customer services, staff from Waterside, housing and community. The work of the Dementia Scrutiny Task Group completed in April 2017 with a report to Adults Overview and Scrutiny Committee.

#### 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 12,000 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)

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

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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.

### **7. Background Papers**

7.1 None

### **8. Appendices**

8.1 Appendix 1 – Performance and Activity Data