

# Performance for Adult Social Care Commissioning

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

19<sup>th</sup> September 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](mailto:plamb@swindon.gov.uk)

# Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

19<sup>th</sup> September 2017

## Overview & Scrutiny Committee

---

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 the end of Quarter one (June 2017). Background details on performance and activity are provided in the appendix.

3.1.3 Integrated commissioning and provision with health underwent significant changes in 2016/17 as the SEQOL contract came to an end, the local Sustainable Transformation Plan (STP) was published, and we began the process of developing an Accountable Care System. These changes are reflected in the refreshed Better Care Fund (BCF) Plan 2017-19. The BCF provides a mechanism for the local authority and health colleagues to jointly plan and commission provision. The areas we have agreed for integrated spending across health and SBC over the next two years include:

3.1.3.1 Prevention of Hospital admission including rapid response - Crisis support to prevent admission to hospital and support those who leave hospital to reduce admissions to residential and nursing care

3.1.3.2 Reablement Service and Telecare, Telehealth - People will regain skills as quickly as possible without the need for on-going long term support

3.1.3.3 Enhanced voluntary sector capacity - Commission voluntary and community based support linked to localities and GP practices

3.1.3.4 Discharge to Assess – residential rehabilitation to facilitate discharge but also prevent admission by linking to rapid response team

3.1.3.5 Effective discharge - Continue to fund seven day social work, nursing and OT capacity to enable patients to be discharged as quickly as possible

3.1.3.6 Carers' Support - advice and information, welfare benefits advice as well as support groups

3.1.3.7 Capital Grant adult social care - Continue investment in technology to support self-care and prevention and enable people with a disability to live as independently as possible.

---

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)

# Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing

19<sup>th</sup> September 2017

## Overview & Scrutiny Committee

---

- 3.1.3.8 Out of Hospital care aimed at reducing emergency admissions (Community health services and Enhanced Health in Care Home, trusted assessor)
- 3.1.3.9 Managing increase in demand for adult social care due to demographic pressures
- 3.1.3.10 Implementation of new responsibilities under the Care Act 2014 - funding to contribute towards the cost of implementing the requirements of the Care Act
- 3.1.3.11 IBCF funding - managing demand in older people care packages including stabilisation the market (£2m)

The refreshed BCF Plan 2017-19 will be submitted to NHS England for scrutiny by Regional Assurers in September 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 Adult Social care as at the end of June 2017 is a net budget pressure of £71k. This is an improvement of £80k on £151k reported in May 17. However, this is only the third month of the 2017-18 financial year and the forecast includes many assumptions in relation to savings plans, billing arrears and demand. We recognise these assumptions may need refining as the year progresses.

The main social care budget pressures are around demand for Physical Support, 65+ services and in managing Older People and Learning Disability provider services. Demand for equipment and wheelchairs remain high particularly around supporting hospital discharge. Demand for nursing placements has also been strong and cost pressures are expected to rise over the next few months with the completion and processing of Funded Nursing Care (FNC) determinations.

#### 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. DTC is reported as total delayed days in the month, and split

# Performance for Adult Social Care Commissioning

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

19<sup>th</sup> September 2017

by the type of care that the patient was receiving, the responsible organisation (NHS, social care or joint), and the reason for delay. From this, the number of people delayed in hospital on an average day can be calculated.

We have seen an increase in our delayed transfers of care across social care in May and June 2017. This has been due to higher demand, the re-shaping of the social work team, and changes in data validation. Delays have been particularly high due to waiting for social work assessments, but there have also been delays due to awaiting nursing care in the community beds. Mental health delays have also increased. Across health and social care, we have committed to reducing the number of delays in hospital to an average of 17 beds per day by end of September 2017 (9 attributable to the NHS and 8 attributable to social care), 13 beds per day by the end of March 2018 (7 attributable to NHS and 8 attributable to Social Care).

Our DTOC data is monitored weekly in social care and monthly through the DTOC Programme. Newton Europe is supporting adult social care to reshape services to improve performance. Our Improved Better Care Fund Plan (IBCF) sets out our plans to use the additional funding from Central Government to reduce delays. We have a review of our DTOC plans with NHS and LGA through the national improvement team on 12th September 2017. Our work in social care focuses on: increasing capacity in re-ablement; better use of discharge to assess beds; reshaping the hospital social work team and to have full seven day working enshrined in staff contracts; reduction in permanent admission to residential and nursing homes; and to fully embed the health in care homes initiative.

### 3.2.3 Learning disability Services

- 3.2 Work is ongoing to reduce spend on Learning Disability services. Spend per service user in Swindon remains high compared to other authorities. Progress against our savings plan is good, and to date we have achieved £865k. Work continues to raise the aspirations of young people and adults with a learning disability to live more independent and inclusive lives. It is encouraging that the take up of paid employment has improved to 5.5% compared to 3.4% at this point last year. 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 are also reviewing our supported employment service to ensure it aligns to the Government's Work and Health Programme which will be launched in autumn 2017. Supported employment involves understanding each individual's strengths, developing a job plan, engaging with an employer, matching the person to the job and then supporting them in the early stages of work. The aim is to help the individual with needs to secure a mainstream job at

# Performance for Adult Social Care Commissioning

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

19<sup>th</sup> September 2017

the going rate of pay, and to provide appropriate support for the individual and employer to sustain the job. This may involve job carving (adapting roles to meet a person's disability) or systematic instruction and in-work support for a limited time.

Although progressive support planning leads to better outcomes in the longer term, it is more time consuming and this continues to impact on our performance in providing service users with timely assessments and reviews. However, plans are in place to increase capacity through the recruitment of additional staff to join the Learning Disability Team. Our managers maintain oversight to drive improvement through better recording and ensure the learning from the Alder project (to complete more complex and detailed assessments to deliver progressive outcomes) is embedded in service delivery. The LD team continues to work closely with commissioners to make sure supported living placements are cost effective and add value.

### 3.3 What have you done well?

#### 3.3.1 **Prevention and Wellbeing**

Prevention and wellbeing are key to managing demand and cost pressures across social care and health. Working with external partners and services across the council, we continue to identify opportunities to improve resilience and prevent long term conditions such as diabetes and heart disease through healthy lifestyles and other initiatives that promote health and wellbeing amongst Swindon residents.

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. A range of services are available to help adults with longer term needs /vulnerabilities to remain independent and live in the community. These include day time opportunities to reduce social isolation, as well as short term breaks for those family's caring for people at home. In addition, Supported Living and supported Housing services are available for people who need additional help to live independently in the community.

#### Community Navigators

The Community Navigators Scheme provides community based coaching to help residents who have long-term health conditions to manage their care. The navigators encourage self- care and help increase the resident's confidence in living with their condition. This scheme has not only improved people's quality of life but also reduced the number of unnecessary visits to GP surgeries and

# Performance for Adult Social Care Commissioning

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

19<sup>th</sup> September 2017

---

hospital. Since April 2016, 230 people have been referred to a Community Navigator.

### Swindon Circles

Swindon Circles is a scheme available for older and vulnerable people living in the community who are isolated or lonely. Adults can be referred to the scheme by a professional or anyone in the community, and a volunteer will visit the individual on a regular basis. Feedback from people using the scheme is positive. Since April 2017, Swindon Circles has held a number of Volunteer Recruitment Fares and successfully recruited additional volunteers bringing the total befriending workforce to 110. Volunteers are carefully matched with individuals who have been identified as lonely and isolated. We currently have over 80 'active' befriending relationships with more in the pipeline as we complete the matching process for our 40 new recruits.

### Promoting physical health and activity

There are a range of initiatives to promote health and activity in recognition of the clear links between being physically active, diet and dementia ('good for the heart is good for the brain'). These include walking for health, parkrun, steps for health, football fans in training, dietbusters, and links to Greenwich Leisure Limited (GLL) 'Generation Gains'. Generation Gains is aimed at supporting older people to access gentle exercise and social activities. 770 people have been referred to the Live Well Swindon Hub since April 2017 for a lifestyle intervention which may include stop smoking, physical activity, exercise on prescription, weight management, health ambassadors, and pulmonary rehabilitation. 246 people have had Healthchecks since April 2017 which also provides the opportunity to receive information and advice regarding dementia risk, encourage physical activity and healthy eating where appropriate; and encourage the take up of bowel, cervical, and breast cancer screening.

### Making Every Contact Count (MECC)

Swindon have introduced the MECC initiative supporting organisations and their staff, across the health and care system, to maximise on the opportunity they have with the public in promoting health and enabling them to make changes to improve their health and wellbeing. To date, 75 front facing staff have attended training and gained additional skills in motivational interviewing.



# Performance for Adult Social Care Commissioning

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

19<sup>th</sup> September 2017

---

### 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. We are working collaboratively to promote falls awareness amongst partners and stress the importance of maintaining balance and strength. 12,000 Steady Steps to Staying Active for Life booklets have been distributed and are available across Swindon from GPs, pharmacies, Great Western Clinics, Ambulance Service, Homeline, Fire and Rescue Service (FRS), libraries, housing, and the Community Health and Wellbeing Team. A number of people have also been trained to deliver community balance and strength classes and are working with care homes, sheltered housing and community groups to see how balance exercises can be incorporated into daily activity.

### Dementia

We are a key member of the Swindon Dementia Action Alliance. A Dementia Friendly Swindon Co-ordinator (funded by One Swindon) has been appointed and is working with businesses and others in the community to make Swindon dementia friendly. We are applying for the Dementia Friendly accreditation in October 2017. A Cabinet Member Advisory Group for Dementia has recently been established to support the local Dementia Offer.

### Mental Health Champion

We recognise we have a crucial role to play in improving the mental health of everyone in our community. One in four people will experience a mental health problem in any given year and the World Health Organisation predicts that depression will be the second most common health condition worldwide by 2020. People with a severe mental illness die up to 20 years younger than their peers in the UK. The Cabinet Member for Adult Health and Social Care has become the Mental Health Champion for Swindon Borough Council to raise awareness and challenge the stigma associated with mental health. The Cabinet Member will be an advocate for mental health issues in council meetings and policy development, and seek and listen to the views of people with lived experience of mental ill-health to get their perspective on local needs and priorities.

### Health Impact Assessments

Public health colleagues undertake health impact assessments to review the potential health risks and benefits entailed in any new developments and planning applications for properties above a certain size (e.g. Wichelstowe,

# Performance for Adult Social Care Commissioning

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

19<sup>th</sup> September 2017

NEV). The intention is to support the creation of healthy communities and ensures that the effect of the development on both health and health inequalities are considered and responded to during the planning process. The health impact assessment considers a range of issues such as physical activity, smokefree centres, and intergenerational communities.

### Trading Standards

Evidence shows being a victim of a trading offense can affect mental wellbeing and ability of older people to maintain independence. We work collaboratively with Trading Standards colleagues to promote safety through raising awareness of scams and supporting the 'buy with confidence' scheme so vulnerable and older people can get good advice and guidance.

### 3.3.2 Older People/Physical Disability Transformation Programme

#### Front Door

We continue to focus on helping people to maintain and prolong their 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. So far this year we have received 2779 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 41.95% of these contacts (1166) progressed to an assessment of need, compared with 52.06% (1788) last year. Following an assessment, 42.6% of these people then progressed to a service compared with 41.3% last year. As the front door becomes more effective in dealing with people with lower level needs by providing good information & advice and signposting, we should see the right people (i.e. those with higher levels of need) progressing to assessment and service.

#### Re-ablement

There has been significant improvement in the reablement service with greater throughput, reduced length of stay and better outcomes. From April to June, 84 episodes of homecare reablement have been completed. The average number of days to re-able an individual has reduced from 27 to 21 days, and a greater proportion of people (88%) are gaining independence following the service and therefore no longer require ongoing support. We have also improved the number of people receiving reablement at any one time from an average of 16 to 27 people. This has been achieved through changing staff rostering and working more efficiently.



# Performance for Adult Social Care Commissioning

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

19<sup>th</sup> September 2017

### 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 for both younger adults (aged 18-64) and older adults (aged 65 and over). From April to June 2017, 21 older people have been admitted to permanent care: 11 to a nursing home placement and 10 to residential care. Amongst these first time permanent admission to care, 5 people were admitted with mental health needs and 16 people were admitted with personal care/physical support needs (older people). From April to June 2017, only one younger adult was admitted to permanent residential care with mental health needs. Where possible, we will place people in Care Homes and Extra Care Housing that are owned by Swindon Borough Council to reduce budget pressures.

### 3.3.4 Carers

Carers provide regular and substantial support for service users so 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, 23.6% (384) carers have received an assessment or review (June target 17.5%). The preparation for re-procuring the carers contract is progressing well and we have recently completed a needs analysis of our carers to inform our specification. There is still more work to do to address the shortfall in personal budgets for carers and progress will be monitored and regularly reported to Health and Overview Scrutiny over the coming year.

### 3.3.4 Smoking

Smoking is the biggest preventable cause of ill health and early death as well as the leading cause of health inequality. We have now delivered on our pledge 30 with the latest figures showing smoking prevalence in adults in Swindon for 2016 is 14.9%, which is below the England average of 15.5%. Further work is underway to reduce smoking amongst workers in routine and manual jobs and pregnant women.

### 3.4 Supporting Information

None

## 4. Alternative Options

4.1 None

# Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing  
Overview & Scrutiny Committee

19<sup>th</sup> September 2017

---

## 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 Director of Finance (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