

Performance for Adult Social Care Commissioning

Adults Care, Adults Health and Housing Overview & Scrutiny Committee

7th November 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

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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 the end of Quarter two (September 2017). Background details on performance and activity are provided in Appendix 1 and 2.

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- 3.1.3 Swindon has a long and well established history of joint commissioning and integrated working for health and social care. Swindon's 2017/19 Better Care Fund Plan (BCF) was submitted to NHS England on 11 September 2017 for approval. The plan continues to progress our integration journey and endorses a shared responsibility for the current pressures across Swindon's health and social care system. It presents a joined up vision for all partners working with individuals, carers and local communities to transform the quality of care provided and improve levels of health and wellbeing for people living in Swindon. Local health and social care partners are committed to work together to improve the delivery of integrated community and acute pathways.
- 3.1.4 The BCF Plan describes how we will work together with a common set of values and principles. We recognise we need to find new and better ways of responding by building on the support that people can find amongst their families, friends and communities, by making more use of technology to help people remain independent, and by helping earlier and more effectively to stop people's circumstances getting worse. Where people do need additional help, we will ensure it is personalised and offers choice and control. Our BCF Plan focusses on delivering the following outcomes:
- 3.2.1 Avoiding emergency hospital admissions for specific groups of patients, particularly those suffering from diabetes and heart conditions;
 - 3.2.2 Enabling more patients to leave hospital without delay;
 - 3.2.3 Fewer patients being re-admitted to hospital by embedding reablement into domiciliary care;
 - 3.2.4 Fewer older people being admitted to residential care through the provision of timely and effective reablement, making better use of preventative services in the voluntary and third sector, using more flexible housing with care, and reducing isolation amongst older people;
 - 3.2.5 Enabling more people with a disability to live as independently as possible and access paid employment through ongoing investment in technology and the voluntary and third sector.
- 3.1.5 The Clinical Commissioning Group (CCG), Great Western Hospital and Swindon Borough Council (SBC) continue to develop Swindon's Accountable Care System model to deliver more integrated health and social care. Prevention is a key component and is integrated throughout the system to ensure people have an opportunity to be supported, signposted or informed about healthy choices and behaviours at every stage.
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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 August 2017 is a balanced budget. The main social care budget pressures remain around Older People and Learning Disability, which are monitored weekly by officers. We have achieved £1.8m of savings at the end of August against the challenging target we set ourselves for 2017/18 of £2.617m. We are on track to deliver the remaining savings this financial year

3.2.2 **Delayed transfers of care (DTOC)**

A delayed transfer of care is where a patient is ready and safe to leave hospital care, but unable to do so, and remains occupying a hospital bed. Work is ongoing between Swindon CCG, Great Western Hospital, and Wiltshire Council to tackle blockages leading to patients having their discharge delayed. During September performance was good with an average of 6.8 bed days lost due to discharge delays attributable to social care against a target of 8 beds (15% better than target). However, the legacy of the increased delays we experienced during May and June 2017 due to high demand, the re-shaping the social work team and changes in data validation, have impacted on overall performance. Our cumulative year to date (YTD) performance for delayed discharge attributable to social care is 11.89 bed days which is above target (lower is better). The main areas of reduction in delays have been in the completion of social work assessment and delays due to residential and nursing care. We expect delays to continue to reduce.

Our DTOC data is monitored weekly in social care and monthly through the DTOC Programme. Our Improved Better Care Fund Plan (IBCF) sets out our plan for using the additional funding from Central Government to reduce delays. This includes increasing capacity in re-ablement; making better use of discharge to assess beds; reshaping the hospital social work team and introducing a seven day working pattern; reducing permanent admission to residential and nursing homes; and fully embedding the health in care homes initiative.

3.2.3 **Learning disability Services**

Work is ongoing to reduce spend on Learning Disability services as spend per service user in Swindon remains high compared to other authorities. Progress against our savings plan is good, and as at the end of August we have achieved £542,000. Plans are in place to achieve the savings target of £1.1m this financial year.

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To help people with a learning disability to be independent, we want to ensure they have opportunities to gain meaningful paid employment. There are currently 29 people with learning disability support needs who are employed and in receipt of long term services (4.9%), and an additional ten people with a learning disability who are no longer receiving long term support and are in meaningful employment of 16 hours or more per week. The multi- agency Transitions Programme will continue to drive improvement in this area over the coming year. Work is ongoing to raise the aspirations of young people and adults with a learning disability to live more independent and inclusive lives. In September we held our second multi-agency 'Preparing for Adulthood (PfA)' Transition Roadshow at Great Western Hospital. The event was well attended by young people, professionals, carers and parents who reported it was useful and informative. A review of the Council's Supported Employment Service is also underway to ensure it aligns to the principles of the Government's Work and Health Programme.

We continue to strive to undertake timely reviews within learning disability services but performance has been impacted by a number of factors: capacity issues; consolidating a new management structure; diagnostic work; prioritising efforts to deliver planned savings; and the timely processing of data. The service has also had to prioritise complex work in order to manage urgent demand. Latest review performance is 23.15% (166) which is below the 37.5% target for the end of September 2017. .

The Learning Disability Team is currently recruiting staff to vacant posts, having experienced challenges in line with national trends in recruitment of skilled social worker. The Learning Disability Service and the Council's Design Team are undertaking diagnostic work having identified potential areas for improvement and efficiency opportunities.

3.2.4 Safeguarding

We continue to maintain and develop the profile of safeguarding adults. Since April 2017, the Safeguarding Team has received 602 concerns, a 5% increase compared with the same period in 2016/17. Of those concerns, 250 progressed to an enquiry stage. Work is ongoing with partners to reduce the number of concerns that are not related to safeguarding issues. The Safeguarding Team is piloting a new approach to screen and re-direct inappropriate concerns at initial contact stage. The benefit of co-locating a police officer within the team is also being considered. A Safeguarding Adult Review is underway following a death. This review will identify how agencies need to respond to similar circumstances in the future to ensure adults in need of care and support are

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protected. The findings of the review will be presented to an Extraordinary Local Safeguarding Adult Board Meeting in December 2017.

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 by promoting health and wellbeing amongst Swindon residents.

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. Since its inception, GP surgeries have been referring patients to the service, the average monthly figure being 40 patients all of whom have at least one long term condition, many presenting co-morbidity.

The Community Navigators are working with adult social care to look at how demand on statutory services can be diverted to other more appropriate and less costly solutions. A dedicated adult social care Community Navigator is being recruited to develop this area of work.

Swindon Circles

We have re-shaped Swindon Circles to support any age person who is identified as lonely and isolated. Referrals come from GPs, Social Workers and families. We focus on people who have less than 5 hours of contact per week or those who are in caring responsibilities. We are now working closely with the Royal Voluntary Service (RVS) to share good practice, resources and broaden the befriending offer to Swindon residents. We now measuring the impact of the service through a nationally recognised evaluation tool called the Loneliness Score developed by UCLA.

We recently presented a workshop at the South West Public Health Development School around the social prescribing and befriending agenda to share best practice across the region.

Volunteering

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

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We are supporting 120 volunteers to work on projects across the Community Health and Wellbeing team. Recent training for volunteers has included: Dementia Friends; Rogue Traders Scam Awareness; Making every Contact Count and Safeguarding. We have strong links with Swindon Involve Network, Nationwide, Zurich, Intel and SBC and are actively encouraging employees to volunteer to support our demand management initiatives.

Promoting physical health and activity

Swindon Borough Council has a strategy to Get Swindon Active as we know that people who have a physically active lifestyle live longer in better health than inactive people. A large section of the population in Swindon are not active enough to benefit their health. Active people have a 20-35% lower risk of coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.

The national recommended level for physical activity in adults is 150 minutes (2.5 hours) or more of moderate activity per week. 65% of adults in Swindon and England meet this recommendation. Of concern is that over a fifth (22%) of adults in Swindon and England are doing less than 30 minutes of moderate intensity physical activity per week (Source: Public Health Outcomes framework, current method, 2015/16). Those less likely to be active are those on low income, women, people with disabilities and older people.

The Get Swindon Active partnership is developing a communications plan to target activity levels in older people. In addition SBC Community Health and Wellbeing team provide a range of programmes to support the least active to get moving. This includes the exercise on referral programme, walking programmes, cardiac rehab and disability sport.

Live Well Swindon Hub

Over 1000 people have now been referred to the Live Well Swindon Hub since April 2017 for a lifestyle intervention. This intervention may include stop smoking, physical activity, exercise on prescription, weight management, health ambassadors, and pulmonary rehabilitation. We have a partnership with Greenwich Leisure Limited (GLL) and Kiss gyms who are operating reduced rates in line with our package to ensure accessibility and inclusivity.

Health Ambassadors

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The Health Ambassador Service is aligning to the Migration Project and is working in partnership with housing and environmental services. The Migration Project is focussing on building resilience, capacity and wellbeing of residents living in and around Broadgreen.

Making Every Contact Count (MECC)

Swindon continue to rollout out the MECC initiative which supports staff to maximise the opportunity they have with the public and colleagues in promoting health and wellbeing in everyday interactions. Two more SBC staff are attending the train the trainer sessions this month to increase the pool of people able to deliver training. A 30 minute MECC taster session was held and well received by the Housing team in SBC.

We recently presented a workshop at the South West Public Health Development School around MECC to share best practice across the region.

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. Members of the Collaborative attended the Borough Council Joint Care Forum and provided falls training to care home and domiciliary care staff and the Ambulance service are also working with individual providers. Two new Otago (an evidence based strength and balance exercise programme) classes are starting in Swindon shortly run by our Community Health & Wellbeing Team. This is targeted at people who are at a high risk of falling. A quality mark is also in development so professionals can confidently refer to community classes, following a Quality model developed by Leeds Public Health team.

Dementia

Swindon has been formally accredited by the Alzheimer's Society as 'working to become a dementia friendly community (DFC)'. This recognises the work that has occurred in Swindon over the last few years to support people living with dementia, and our plans going forward. Swindon Council can now display the DFC logo and the Swindon Dementia Action Alliance can accredit other groups/organisations who are also showing they are working to be more dementia friendly. We have also worked with Ferndale School who are the first in Swindon to run dementia friends sessions for their staff and pupils – 387 attended the session where they learnt about dementia and pledged something

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they would do differently as a result. Monthly dementia friends sessions are held in the Council. We are also updating the Dementia JSNA. The most recent data estimates that around 2300 people aged 65 or above were living with dementia in Swindon in 2016.

Mental Health and wellbeing

The Prevention Concordat for Better Mental Health was launched at the end of August and we are developing a self-assessment plan with partners to see what needs to be reviewed. Our focus on mental health this quarter has been on mental health in schools with the development of the ELSA (Emotional Literacy Support Assistant) programme and the Mental Health School Reward. ELSA is being offered to all schools. The Mental Health in Schools Award provides a framework for schools to review how mentally healthy their school environment is and enables them to identify gaps. This includes universal actions, targeted support, and support for staff. In an average class of 30, 15 year olds, 10 may have experience parental separation, 6 may be self-harming, and 7 will have experience bullying. Half of adults with mental health problems said that their symptoms appeared before the age of 15, and three quarters before their late teens. Currently three schools have completed the Mental Health Award. We have also focused on mental health in the Workplace with the Mindful Employer Conference held on World Mental Health Day. With guest speakers, Professor Sir Cary Cooper, Geoff McDonald and Dr David Hemery (Olympic champion 1968), this event attracted over 150 delegates from nearly 100 organisations. With 15.2 million working days lost due to stress, anxiety and depression (ONS), and mental ill-health costing the UK £70 billion (OECD), we can see that preventing mental health issues arising or intervening early is highly cost effective.

In September the Swindon Suicide Prevention Conference was held at the Football stadium. The prevention of Suicides in Swindon continues to be a key focus of work, and although the rate of suicide went up in Swindon during 2016, the three year rolling trajectory is still down from 53 in 2013-15 to 52 in 2014-16. A full review of the suicide prevention strategy and action plan will take place next year.

We are an accredited training provider for Connect 5, a national programme designed to increase the skills and confidence of front line staff working with people who present poor mental health. We are currently rolling out the training to the Community Health and Wellbeing Team and will discuss how to deliver the training to other front line workers and managers. The premise of the training is that improving mental health is everybody's business.

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NHS Health Checks

The NHS Health Check programme is coming to the end of their first five year cycle. All 40 to 74 year olds are invited for a health check once every 5 years. The number of health checks delivered in Swindon continues to rise but our uptake figures (the number of those invited who come forward for a check) is still below the England average. We are looking to increase this by working with GP practices who do not have the capacity to deliver the programme, and offering to invite patients on their behalf. These patients are then seen by Pharmacies or the Community Health and Wellbeing Team. During quarter 1 and 2 of this financial year, nearly 8000 individuals were invited for a health check but only about 2428 took up the offer. A training day for NHS Health Checkers was held in September to support the delivery of a high quality consistent programme and to highlight the importance of the health checks to prevent cardiovascular disease, diabetes, kidney disease and dementia.

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 development proposals above a certain size and criteria. Examples include an application for 54 dwellings in Blunsdon, the replacement plans for the tented market in the centre of Swindon, an extension to Crowdy's School and a proposed development at the County Ground. The health impact assessment considers a range of issues such as physical activity, smokefree centres, addressing inequalities and supporting healthy communities.

3.3.2 Older People/Physical Disability Transformation Programme

The Adult Social Care transformation programme continues to make good progress and is positively impacting on Swindon's health and social care system. There are fewer people being admitted to permanent care, more timely assessments have reduced delays in hospital discharge, the reablement service is more effective and efficient, and improved management oversight at the front door has led to more timely and appropriate information and advice for initial contacts.

Front Door

We continue to focus on helping people to maintain and prolong their independence through improving our first point of contact /front door. Our aim is to divert people into community based solutions where that is the right thing to

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do, and for those who do need help, we need to make sure they get it quickly. So far this year we have received 6664 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 45.5% of these contacts (3032) progressed to an assessment of need, compared with 52.23% last year. Following an assessment, 45.8% of these people then progressed to a service compared with 44.13% last year. As the front door becomes more effective in dealing with people with lower level needs through the provision of better information, advice and signposting, we should see the right people (i.e. those with higher levels of need) progressing to assessment and service.

Re-ablement

There has been significant improvement in the reablement service with greater throughput, reduced length of stay and better outcomes. Individuals are monitored daily to ensure progression through the service at the appropriate pace to reduce delays in their discharge. From April to September, 187 episodes of homecare reablement have been completed. The average number of days to re-able an individual has reduced from 30 to 21 days, with 64% 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 34 people weekly to 37 people per week. This has been achieved through changing staff rostering and working more efficiently.

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 older adults (aged 65 and over). From April to September 2017, 87 older people have been admitted to permanent care: 32 to a nursing home placement and 55 to residential care. Amongst these first time permanent admission to care, 16 people were admitted with mental health needs and 70 people were admitted with personal care/physical support needs (older people) and 1 person with learning disability needs. For younger adults from April to September 2017, we are 3 people above the target we set for end of quarter 2. In total, 10 younger adults have been admitted to permanent care, 6 to residential and 4 to nursing care. Of those, 5 had a learning disability, 1 had mental health needs and 4 had personal care/physical support 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

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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, 37.63% (613) carers have received an assessment or review (September target 35%). The preparation for re-procuring the carers contract is progressing well and we 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.

3.3.5 Smoking

Smoking is the biggest preventable cause of ill health and early death as well as the leading cause of health inequality. As mentioned in the H&O report in September, we have delivered on pledge 30. The 'Swindon Bus Station – A Voluntary Smokefree Zone' initiative was showcased by The AGW Public Health Network newsletter and website as an excellent example of a collaborative partnership project. Swindon public health colleagues have also delivered a workshop at the South West Public Health Development School on 'Partnership working in tobacco control: Delivering joined up, practical solutions' which included the Swindon Bus Station project.

3.3.6 Voluntary Sector Commissioning

Our voluntary sector providers continue to perform well. To date, contracts have been awarded to: Open Door to provide person-centred planning and a day centre for people with a Learning Disability; the Royal Voluntary Service to provide a reducing loneliness and isolation service; and Pheonix Enterprises to provide sheltered employment and support people with a Learning Disability or mental health conditions gain employment. The re-procurement of Carers Support is underway, informed by a detailed JSNA. We are in the process of re-commissioning: Learning Disability Day Opportunities and Support; Support for people with a head injury or a stroke; Direct Payment Support; Voluntary Sector Infrastructure and Support for people with Dementia.

It is pleasing that a number of our commissioned providers have recently been successful in gaining additional external funding: Swindon Carers Centre 2016/17 received £16,445 from fundraising and donations; Harbour will receive ongoing funding from the Big Lottery of over £330,000 for five years; The friends of TWIGS donated £26,462 to the TWIGS Therapeutic Gardening Charity. The Liden LibrariesTrust is working with volunteers with learning disabilities from the Open Door Centre to help run a new Community Cafe in Liden Library and to provide work experience in the Library.

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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 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 and 2 – Performance and Activity Data