

Performance for Adult Social Care Commissioning (ASCC)

Adult's Health, Adult's Care and Housing Overview and Scrutiny

Date: 28th March 2018

Author: Director of Adult Social Services

Wards: 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

Priorities and Pledges

- 3.1 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:
 - 3.1.1 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)
 - 3.1.2 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)

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

- 3.2 This is an interim report to provide an overview of performance as at the end of January 2018. A more comprehensive report will be prepared at year end. Background details on expenditure and funding of Public Health and Prevention Services is provided in Appendix 1. Performance and activity data are provided in Appendix 2 and 3. We have highlighted those performance areas which we jointly deliver with the Clinical Commissioning Group as part of the Better Care Fund (BCF)

Managing Demand and financial pressures

- 3.3 The latest forecast outturn position as at January 2018 across Adults is an under-spend of £306k at year end. To date, we have achieved £2.82m of savings and over-achieved the challenging target we set ourselves for 2017/18 of £2.62m. Details of expenditure and funding of Public Health Prevention Services for 2017/18 is attached as appendix 1.
- 3.4 The number of people who might need social care services in the future is expected to rise significantly. The numbers of people living with for example, dementia, learning disability or poor mental health will all increase and the rise in demand for health and social care comes at a time when funding is decreasing. A draft Adult Social Care Strategy has been developed which outlines the Council's approach to supporting people living in Swindon who have additional needs over the next five years. It provides the context for how we will work with partners to provide a more joined up health and social care system.
- 3.5 Our starting point will be entering into conversations with people who seek support building on strengths, and what people can do, and how communities, families and friends can help. We recognise that for some people, social care services are required for longer to enable them to live fulfilling lives. Where people need ongoing support, we will share this responsibility with the individual, their families and their communities. We will try to meet people's needs in a personalised way which delivers the outcomes that people seek.
- 3.6 To meet our obligations within the Care Act 2014 and to manage our key challenges in rising demand and ongoing budget pressures, we have developed a model of care and support with three levels. It is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and to maximise people's independence. The three levels of support are:
- 3.6.1 Helping you to help yourself - Accessible, friendly, quick, information, advice and advocacy, universal services for the whole community, prevention

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- 3.6.2 Helping you when you need it - Immediate help, minimal delays, no presumption about long-term support, goal focussed
- 3.6.3 Helping you to live your life by providing ongoing support for those who need it - *Self- directed, personal budgets, choice and control, highly personalised*
- 3.7 The strategy provides detail on how we will deliver these three levels of support, what we aim to achieve for each level, and the associated benefits. More detail on preventative and public health interventions are outlined in Swindon's Health and Wellbeing Strategy (<http://www.swindonjsna.co.uk/strategy>) and details on 2017/18 expenditure and funding of Public Health and Prevention Services is provided in appendix 1. The draft Adult Social Care strategy is out for consultation and is on the Health and Wellbeing Board agenda for March 28 2018.

Delayed Transfers of Care (DToC) – (BCF Scheme and Indicator)

- 3.8 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. Swindon Borough Council, Swindon CCG, Great Western Hospital, and Wiltshire Council continue to work together to tackle the blockages leading to patients having their discharge from hospital delayed. Delayed discharge is a challenge nationally and regionally.
- 3.9 Delayed Transfers of Care attributable to social care has significantly reduced following the successful delivery of the Adult Social Care re-design Transformation Programme launched in April 2017. The Reablement Service continues to improve resulting in greater throughput, reduced length of stay and better outcomes. Individuals are monitored daily to ensure progression through the service is at the appropriate pace to reduce delays in their discharge. Successful recruitment to the Reablement Team has improved capacity enabling additional patients to be supported by the service. The utilisation of the Fessey House Discharge to Assess Residential beds (D2A) and reduced Length of Stay has resulted in greater throughput of these beds, and had a positive impact on the number of adults returning home with either no package of care or a reduced package of care. A seven day working pattern for the Hospital Social Work Team, Reablement Team and Rapid Response Team has been successfully implemented. The daily Swindon Borough Council 'Gold Calls' has also positively impacted on reducing delays. Decision making within the hospital social work team and the front door team has improved which has led to fewer admissions to residential and nursing care. Capacity in domiciliary care remains a challenge but following a competitive tendering exercise, we have recently awarded the Domiciliary Care Master Vendor contract to First City Nursing and

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Care. First City Nursing and Care have been through a period of mobilisation and the contract began end of February 2018.

- 3.10 The latest published DToC performance as at end of January 2018 is 1.84 bed days lost due to discharge delays attributable to social care against a target of 6. This is significantly better than the averages for the South West (16.81). Our cumulative year to date (YTD) performance, April 2017 to January 2018, for delayed discharge attributable to social care is 9.19 days which is below the average for the South West (21.7). In January 2018, there were no joint attributable delays (e.g. NHS and social care). The provisional DToC data for end of February 2018 indicates further improvement with 0.93 bed days lost attributable to social care and again no joint attributable delays. The main areas of reduction in delays attributable to social care have been due to more timely completion of social work assessment, speedier transfers to residential and nursing care, and less delays in waiting for a care package at home.
- 3.11 Delays attributable to NHS only, as at end of January 2018, is 18.42 bed days. Provisional data for February 2018 shows a significant improvement to 8.89 bed days. The published cumulative performance (YTD) for delayed bed days attributable to NHS, as at January 2018, is 15.72 which is better than the South West average (26.8). The main reasons for these delays are due to waiting for further non acute NHS care (including intermediate care, rehabilitation), transfers to nursing home placements and awaiting care packages in own home.
- 3.12 The YTD total delayed bed days for Swindon attributable to NHS, Social Care or Both, as at January 2018, is 24.91 which is better than the average for the South West (48.46).
- 3.13 In March 2018 a new DToC measure was introduced which calculates the DToC bed rate per calendar month per 100,000 of the population. This measure will be monitored and reported nationally and locally going forward. The year to date Swindon position at the end of January was a total of 14.8 bed day delays per 100,000 people attributable to the NHS and Social Care. This is lower than the South West average of 16.4 and higher than the England average which was 12.6. Total social care delays for the year to date at the end of January was 5.4 days which is significantly better than the South West total of 7.3 days and is also lower than the England average which stands at 5.5.

Learning Disability Services

- 3.14 Work is ongoing to reduce spend on Learning Disability services to align with spend in similar authorities. Progress against our savings plan of £1.1m has exceeded target and as at the end of January we have achieved £1.244m. The service re-design programme is making good progress in changing the approach to service delivery to enable individuals to become more independent.

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- 3.15 Supporting people with a disability into paid employment is a national policy priority as well as a local pledge. At the end of January there are 32 adults in receipt of support who are in employment equating to 5.25% (against a target of 5%) which is an improvement on last year's performance of 4.6%. There are an additional eight learning disability support clients who are no longer receiving long term support services who are in meaningful employment of 16 hours or more per week. A strategy for Supported Employment is being developed, which will set out how the Council aims to increase the number of Swindon's vulnerable residents (particularly people with learning disabilities) who gain and retain paid employment in the open market or another meaningful employment related activity. The Strategy is being drafted by end March for consultation.
- 3.16 We continue to strive to undertake timely reviews within learning disability services but performance has been impacted by capacity, a focus on delivering savings, and the timely processing of data which has led to under reporting.

Front Door

- 3.17 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 do, and for those who do need help, we need to make sure they get it quickly. So far this year we have received 11436 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 46% of these contacts (5261) progressed to an assessment of need, compared with 51% last year. From April 2017 to the end of December 2018, 49.4% of people progressed to a service following an assessment compared with 46.4% last year. With the front door becoming 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.

Reablement (BCF Scheme and Indicator)

- 3.18 As mentioned previously (see paragraph 3.9), there continues to be significant improvements in the Reablement Service. From April 2017 to January 2018, 400 episodes of homecare reablement have been completed. The average number of days to re-able an individual has reduced from 30 to 19 days, with 63.5% gaining independence following the service and not requiring ongoing support. We have also improved the number of people receiving reablement at any one time from an average of 34 people weekly to 49 people per week by the end of January 2018. This has been achieved through changing staff rostering and working more efficiently.

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Permanent admissions to Residential Care and Nursing Homes (BCF scheme and Indicator)

- 3.19 Admissions to residential and nursing care are being effectively managed and remain below target for older adults (aged 65 and over). From April 2017 to January 2018, 149 older people have been admitted to permanent care: 56 to a nursing home placement and 93 to residential care. Amongst these first time permanent admission to care, 31 people were admitted with mental health needs and 116 people were admitted with personal care/physical support needs (older people) and 2 people with learning disability needs. Permanent Residential and Nursing Admissions 65 years per 100,000 of the population is 441.70 as at January 2018 which is below the target of 550.89 (lower is better).
- 3.20 For younger adults from April 2017 to January 2018, 4 additional people have been admitted than forecasted. In total, 15 younger adults have been admitted to permanent care, 10 to residential and 5 to nursing care. Of those, 7 had a learning disability, 3 had mental health needs and 5 had personal care/physical support needs. Permanent Residential and Nursing Admissions 18-64 year olds per 100,000 of the Population is 11.14 as at January 2018 which is above the target of 8.14 (lower is better). Where possible, we place people in Care Homes and Extra Care Housing that are owned by Swindon Borough Council to reduce budget pressures.

Carers (BCF Scheme and Indicator)

- 3.21 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. As at December 2017, 60.7% (988) carers have received an assessment or review, and 58 carers have received a direct payment from the Carer Support Scheme to give them a break from their caring responsibilities, making a total of 144 carers who have received a direct payment since April 2017.

4. Supporting Information

- 4.1 None

5. Alternative Options

- 5.1 None

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6. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 6.1 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

- 6.2 None

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

- 6.3 None

Diversity Impact Assessment

- 6.4 None

Risk Management

- 6.5 None

7. Consultees

- 7.1 Director of Adult Social Care, Deputy Director of Adult Social Care, Cabinet Member for Adults' Health and Social Care, Director of Public Health and Adult Social Care Managers.
- 7.2 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

8. Background Papers

- 8.1 None.

9. Appendices

- 9.1 Appendix 1 – Expenditure and Funding of Public Health and Prevention Services for 2017/18
- 9.2 Appendix 2 - Performance Data as at January 2018
- 9.3 Appendix 3 – Activity Data as at January 2018