

**Adult Social Care  
Health Scrutiny Panel  
30<sup>th</sup> June 2016  
Alan Sinclair - Director**

**Adult Social Care**

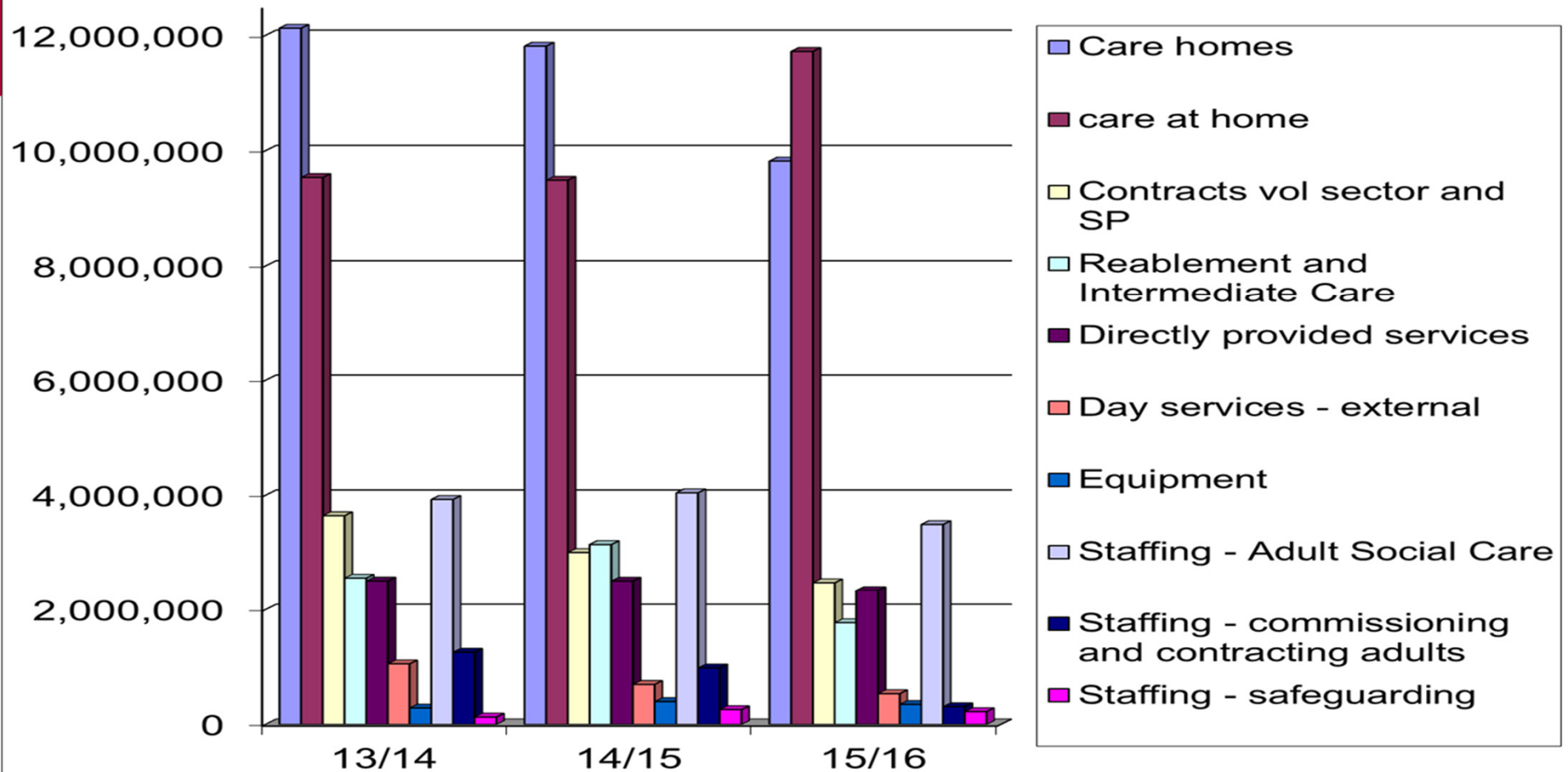
# What is Adult Social Care?

- Provision of social work, personal social care, protection, social support for adults at risk or who have needs arising from illness, disability or ageing.
- Providing personal and practical support to help people live their lives
- Supporting people to maintain their independence, dignity and control
- Care Act 2014 sets the legislative framework
- Types of support include - Assessments, Social Work, Occupational Therapy, Information and Advice, Advocacy, Prevention Services, Direct Payments, Care at Home, Day Services, Care Homes, Equipment, Carers Support.

# Adult Social Care Budget

- Nationally estimated to be a £4.3bn shortfall in adult social care budgets by 2020
- Last 5 years has seen a £4.6bn reduction in ASC budgets – 31% in real terms
- Only 7% of Directors are fully confident they will balance their budgets this year
- Slough ASC net budget 16/17 is £31m – was £40m in 13/14
- ASC Reform Programme – planned savings 2015-2020 £7.8m
- £2.1m savings this year
- ASC precept for Slough 2%

## Analysis of Spend over last 3 years



# Key Performance Indicators

- Reablement - 91 day indicator and numbers receiving
- Delayed transfers of care
- People supported by the voluntary sector
- Social isolation
- Direct Payments
- Number of carers supported
- Safeguarding outcomes
- People who use services who say that those services have made them feel safe and secure
- Adult Social Care Outcomes Framework
- Annual Local Account

# Our strategy 2015-2020

- Prevent, support and delay the need for social care services by good information and advice, prevention, reablement and building community capacity
- Asset based approach – 3 tier conversation
- Community based approach
- Avoid people being in crisis
- Support to carers
- Support people to live at home and reduce/maintain number of people living in care homes
- Personalisation - support people to manage their own care and support through direct payments
- Making safeguarding personal
- Working in partnership with the NHS and others to deliver integrated support
- Improve quality and workforce development
- Reducing the average spend per head

# Key Challenges and Opportunities

- Delivering the planned efficiency savings
- Further potential savings
- Meeting our statutory responsibilities under the Care Act
- Increasing demand and complexity
- Rising costs – national living wage, pension and NI
- Reform programme changes don't deliver as planned
- Workforce and provider issues
- Integration with the NHS

Sustainability and Transformation Plan – Frimley footprint

Better Care Fund - Slough

Transforming Care Plan – Berkshire

Crisis Care Concordat - Berkshire

# What is Public Health?

- Public health is about helping people to stay healthy and protecting them from threats to their health. Includes provision of evidence based services and interventions that;
  - promote health improvement, protect the population,
  - extend healthy life expectancy through the determinants of health i.e education, housing and employment
  - health service quality
- Public health outcomes framework and local strategy sets priorities and KPIS
- Health and Social Care Act 2012
- Joint Strategic Needs Assessment

# PH grant outturn

Year	Total grant less CSR	Planned savings in mainstreamed services	Comment
2013-14 RO	4.950m	200k	Inherited cost pressure of 300k unrecoverable NHSE costs
2014-15 RO	5.802m	400k	Balanced budget
2015-16 RO	6.596m	1053k	<i>additional CSR in year reductions of 6.2% and half year HV grant</i>
2016-17 RA	7.544m	876k	<i>additional CSR reductions of 2.2% and HV grant FYE.</i>
2017-18 RA Final year	7.004m	736k	<i>additional CSR reductions of 2.4%</i>

# Key Performance Indicators

- For outcome 5
  - Infant mortality, childhood immunisations, oral health at age 3 and 5 years, obesity in year 6, all five mandated HV checks
- For outcome 6
  - Offer and uptake of health checks
  - Nos of 4 week quitters (smoking)
  - Nos referred to the national diabetes prevention programme

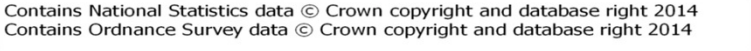
# Key challenges and opportunities

- Delivering the planned CSR efficiency savings through Making Every Contact Count to promote self care and service redesign focussing on channel shift options
- Planning for further potential savings in 2018 based on business rates
- Meeting our statutory responsibilities under the Health and Social Care Act 2012
- Integration with the NHS and local businesses
  - Sustainability and Transformation Plan – Frimley footprint
  - Better Care Fund, falls prevention, respiratory, cardiac disease prevention
  - CAMHS transformation fund
  - National Diabetes Prevention Programme

# The strategy for 2017-18

<b>Prescribed services</b>	<b>Who manages and pays?</b>	<b>Non prescribed services (*)</b>	<b>Who manages and pays?</b>
Local staff	Joint appointments SBC and Slough CCG	Obesity and physical activity	SBC leisure and SPACE with lottery and business funding
Health visiting and school nursing (0-19)	SBC contract team with BCF and external funding	Mental health and DAAT	STP funding and local voluntary sector
Sexual health GUM services health checks and GP led LARC services	Central team to manage and CCG to co fund		

# Examples of ward profiles





**Emergency hospital admissions  
for heart disease and stroke**

