SBC Health Scrutiny Panel

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ASC Transformation Annual Report

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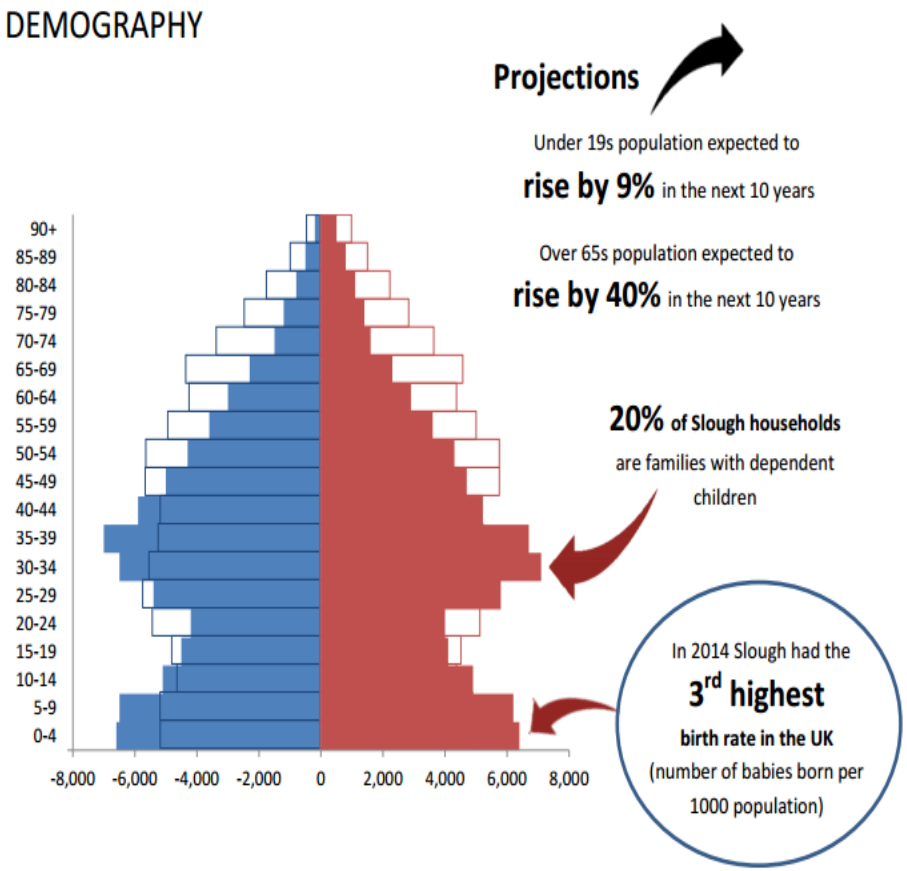
Slough's Story

- The total projected population of Slough in 2016 is estimated to be 147,181 (14,231 – older people aged over 65yr)
- Slough has a long history of ethnic and cultural diversity which is valued by those who live and work here
- Diabetes, cardiovascular disease, strokes, chronic respiratory disease and cancer are the biggest causes of death in Slough and account for much of the inequalities in life expectancy within the borough.
- The Index of Multiple Deprivation (IMD) ranks Slough 78th of 152 upper tier local authority in terms of deprivation in England



Case for Change – Demographics and Complexity

1. In Slough the 65yr+ demographic is projected to increase by 40% from 2016 to 2026

2. In east Berkshire, 41% of the registered population have one or more LTC

3. It is estimated that in 2017 approximately 1% of our population are living with severe frailty, with a further 3% on the border line between moderate to severe frailty

4. People aged 55-64 with a physical disability will increase by 15% in 2020

5. The estimated prevalence of frailty is about 10% among people aged 65 years living in the community

6. Slough has higher than national averages for obesity and smoking

7. Levels of physical inactivity in are estimated to cost Slough in excess of £25 million annually

The Whys and The Whats?

WHY CHANGE?

1. The current models of public service delivery and how we relate to the public will not sustain us much longer. In England the need for social care is rising from increasing numbers of older and disabled people (+2.8%), people with learning disability (+1.2%) and people with MH needs (+1.7%) between 2016 and 2017.
2. Raising customer expectation and increasing choice and control
3. Providers finding it harder to retain & recruit staff, maintain quality improvements and margins (in 2017, 67% of LAs reported provider closures nationally)
4. Locally our non-elective admission to hospital are increasing; 5/7 quarters since 2016 have increased. As a whole system have a duty to support and manage the demand.
5. Long term funding proposals will not be sustainable unless they address the needs of the whole of the population and not just older people

WHAT ARE WE DOING?

We are moving away from a deficit and dependency public service model, towards one that focuses on community based support and care, maximising all available resources, assets and skills available to people, families and their communities and self determination

1. Deliver a new model of public service that empowers residents to live independent and healthy lives
2. Develop preventative approaches to enable our residents to become more able to support themselves
3. Build capacity within the community to enable a focus on supporting more people to manage their own health, care and support needs
4. Target those individuals most at risk of poor health and wellbeing outcomes to take up health checks
5. Develop integrated models of working both in hospital settings and in the community

Adult Social Care Strategy to 2020

Vision

To improve the outcomes of our residents and their carers by enabling people to do more for themselves, focusing on people's strengths even at points of crisis in their lives, by connecting them to their interests and a network of wellbeing, care and support services found in the community.

Strategic Aims

- Maintain their health and wellbeing
- Manage their own care and support needs
- Live independently in their own homes for as long as possible
- Have control over the support they receive
- Avoid hospital admission unless clinically necessary
- Be safe

Guiding Principles

- Individual strengths and community opportunities must be explored as part of a holistic support and care plan
- Clearer, fairer and more effective ways in which people are supported to manage their own care and support needs
- Improved physical, mental and emotional wellbeing of both the person needing care and their carer.
- Preventing and delaying the need for care and support.
- Putting people in control of their lives.
- Improved and more personalised approaches to safeguarding for both the carer and the cared for person
- To identify and reduce business process inefficiencies
- To manage our business effectively and without any waste or deviation from agreed business processes.

Priority Areas

- Prevention
- Information and Advice
- Personalised Outcomes
- Building Community Capacity
- Workforce Development and Quality
- Integration

Adult Social Care Programme

Programme formed Spring 2015, with £7.9 mn savings target

Required to manage demand, deliver savings, embed the Care Act 2014 and deliver the ASC Strategy

A focus on staff led change in tranche 1 and citizen led change in tranche 2

A move away from a deficit and dependency public service model, towards one that focuses on community based support and care, maximising all available resources, assets and skills available to people

Tranche 1 (2015-17) – Main Projects

Strength Based Conversations

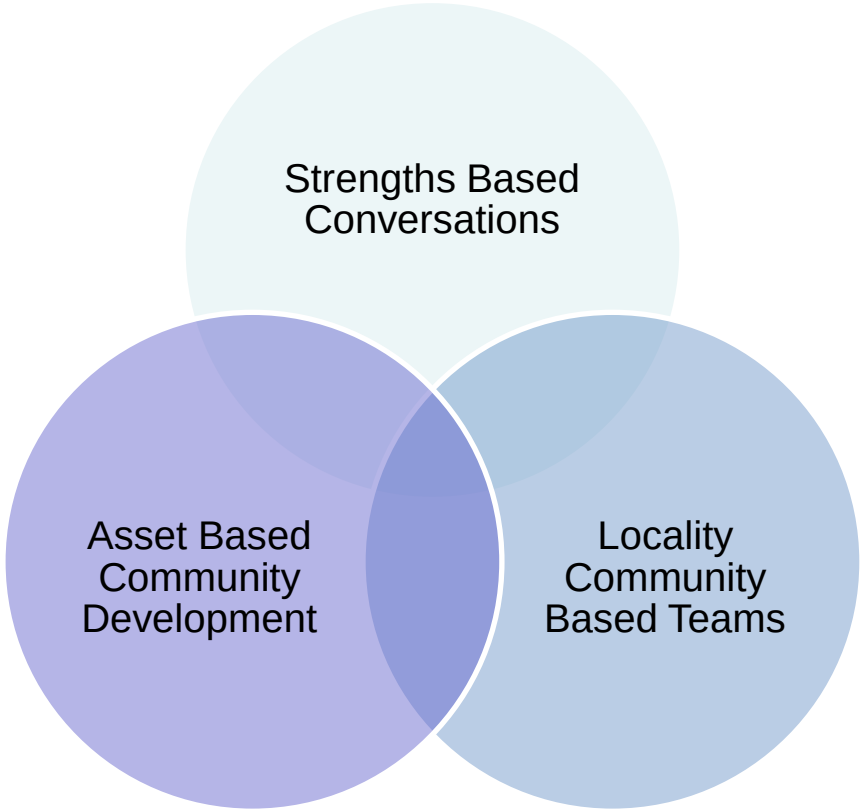
1 – Help people help themselves, to connect with their communities and personal resources. Listen and offer Social Care expertise

2 – In a crisis stick to people like glue, understand what needs to change and make it happen quickly. Never plan long term

3 – Explore longer term support based on a fair personal budget and understand how best to invest all their resources

ABCD

- SPACE - Slough Prevention Alliance Community Engagement
- Wellbeing Prescription
  - ASC/ Primary Care/ Tenancy Support
- Asset Mapping
  - Mapping events
  - Google mapping campaign
  - Community ownership



Locality Restructure

- Preparation for Hubs & NHS Integration
- £600k savings
- 12 co-design workshops
- North, South & East Locality Teams
- Develop locality relationships
- 18 locum to perm conversions
- 22 more operational staff

Case Study

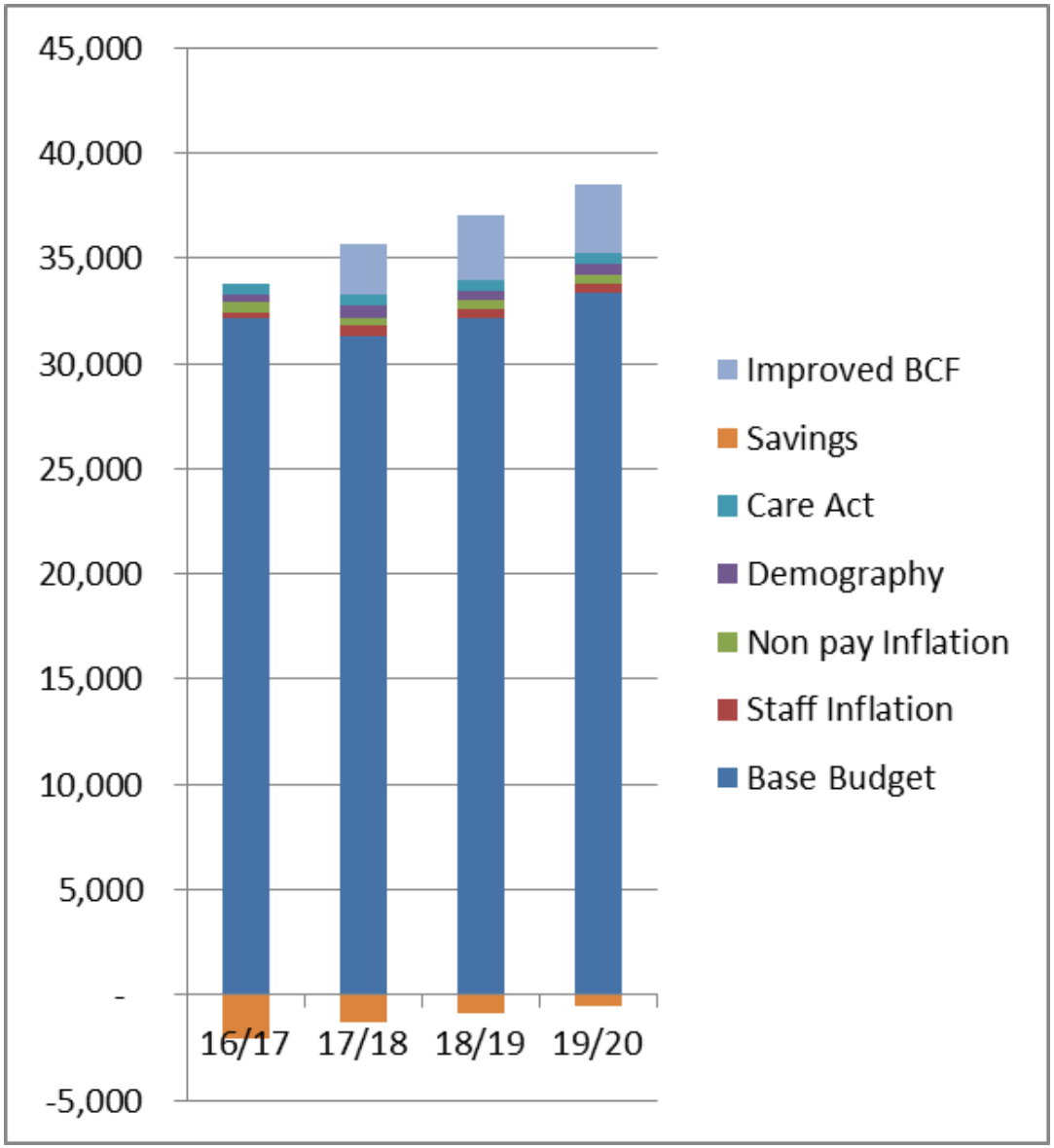
- Mr P – 93yrs, co-dependant with his son (LD)
- No prior knowledge to social care, until the police raised a safeguarding
- Son supporting Mr P with personal care, mobility problems, visual impairment
- Very poor house maintenance, hoarding, self neglect, rodents, food hygiene, no hot water for 2 yrs…
- Mr P did not want to engage and wanted to leave his money for his son
- Strengths Based Conversation
  - Utilised their assets, the Council's and Vol sector's
  - Life coaching, information & advice and benefits support (DLA, Carers allowance)
  - Wellbeing prescription, boiler quote/ purchase (insurance rebate), carpet and furniture removal (and replacement) and deep housing clean, volunteer gardener/ waste removal, rodents removed, fire and safety checks
  - OT assessment to support mobility, carers direct payment, CVI referral
  - Befriending service for the Son
- Mr P's (and his son's) outcomes were significantly improved he could have continued into self neglect, safeguarding and residential care (£700 wk/ £36,400 yr) compared to an ABC intervention that cost the department £1900 yr

ASC Budget & Outturn 2013-18

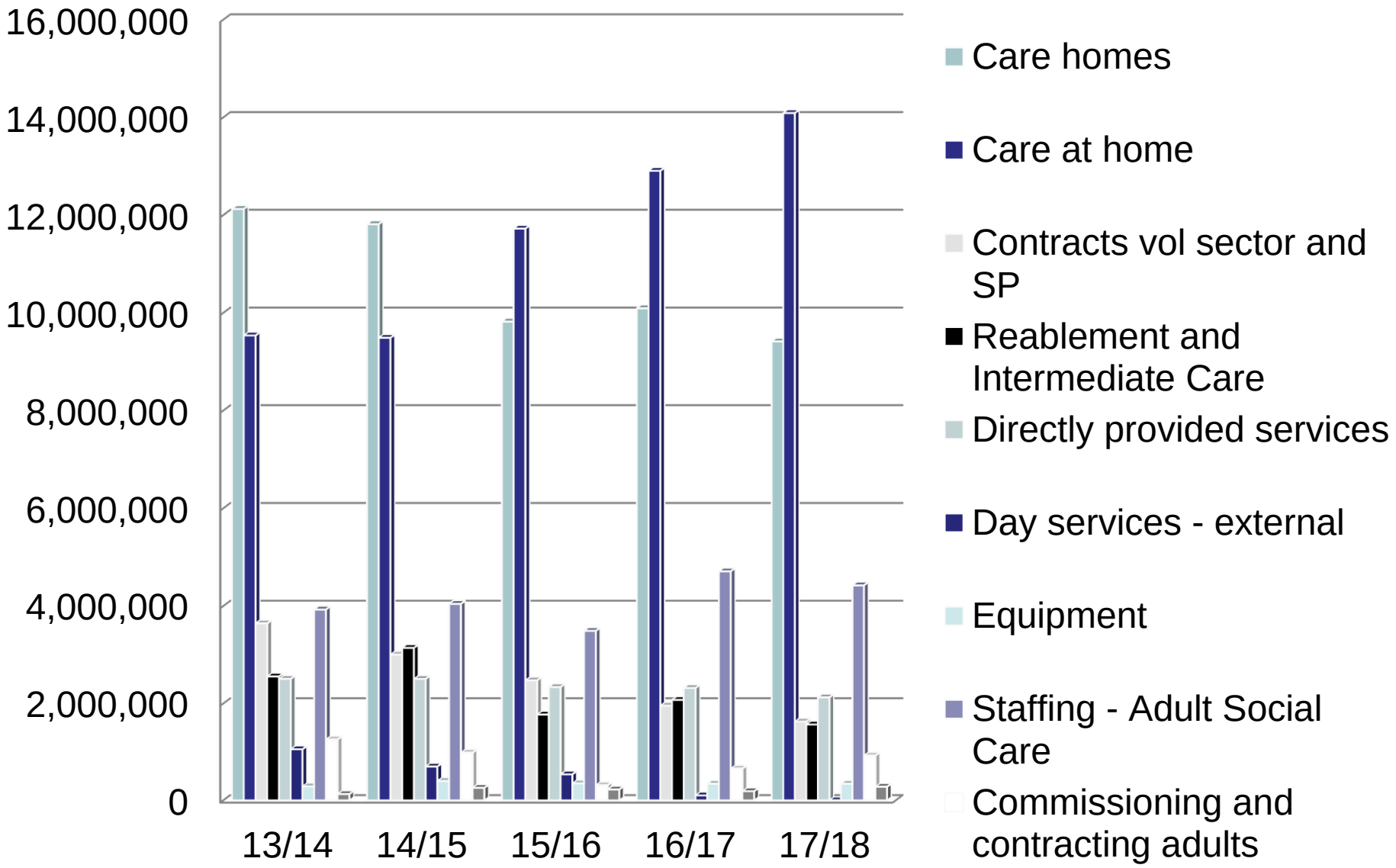
- Since 2013 there has been a 17% reduction in the net budget for the department from £38.3mn to £31.9mn

ASC Budget Components 2016-2020

1. Slough BC are making use of the 3% precept for ASC services for 2017-19 (£3 mn), which funds demographic growth, Care Act & Non-pay inflation
2. The Improved Better Care Fund (one –off Central Government contribution to protection ASC ceases 2020):
   - 2017-18 = £2.4 mn
   - 2018-19 = £3.1 mn
   - 2019-20 = £3.3 mn
3. Nationally the % of council spend on adult social care is set to increase from 35.6% in 2016/17 to 36.9% in 2017/18 (ADASS 2017)
   - In 2017/18 Slough are 32.1%



Spend Analysis over last 5 years



2017-18 Budget Pressures

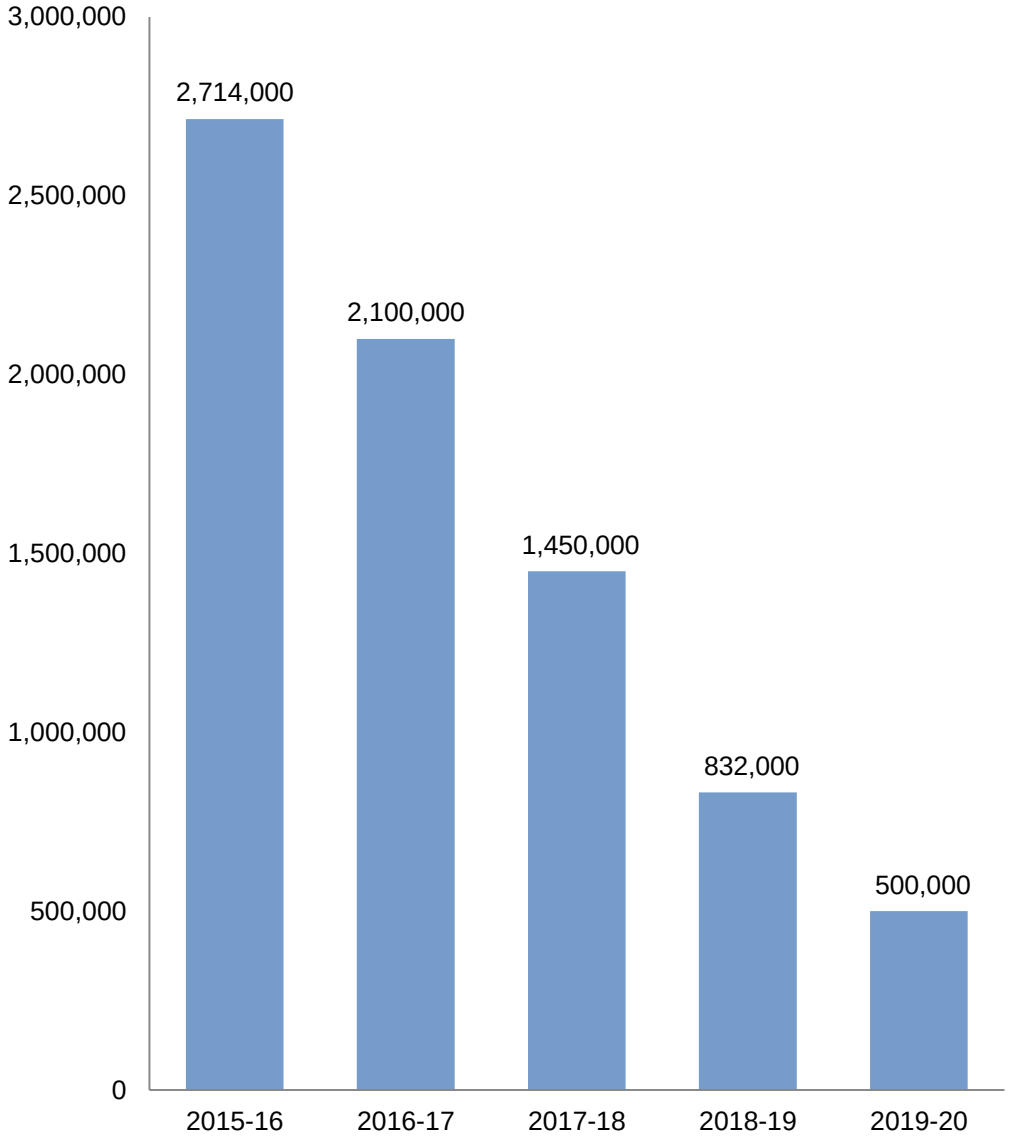
1. Level of demand and complexity
2. Increasing demand and complexity of new clients
3. Increasing complexity / levels of need of existing clients
4. Increasing unit costs (price)
5. Reduction of funding
6. National Living Wage (impacting unit costs) - 2018/19 £440k
7. Sleep Ins HMRC changes – 2018/19 £35k
8. Deprivation of Liberty Safeguards (DOLS) - 2018/19 £50k

Savings Summary & Highlights 2015-2020

1. **2015/16 supported by:**
   a) LD Change Programme - £1 mn
   b) Review of MH services – £100k
   c) Voluntary sector - £275k
   d) Increase fees - £189k

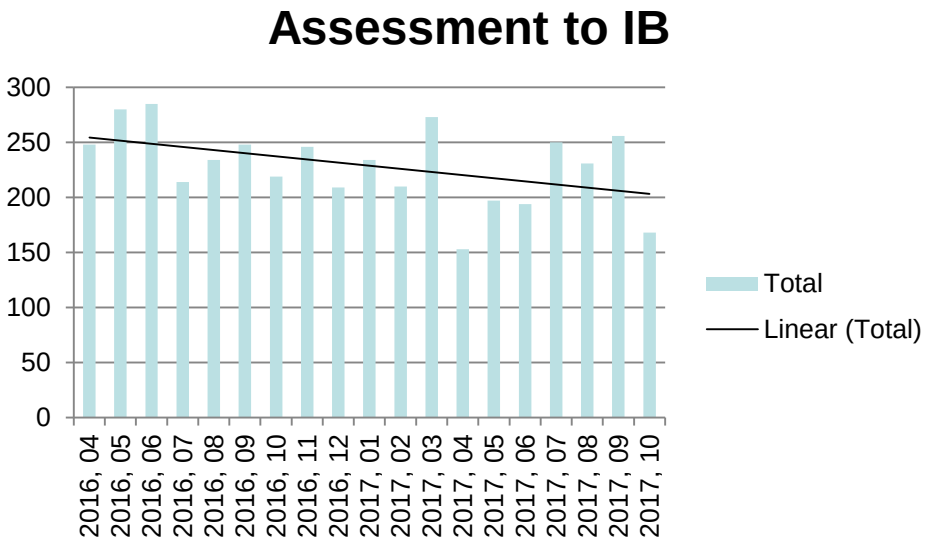
2. **2016/17 supported by:**
   a) Housing Related Support - £600k
   b) DAAT review - £100k
   c) Voluntary sector - £150k
   d) CHC - £250k

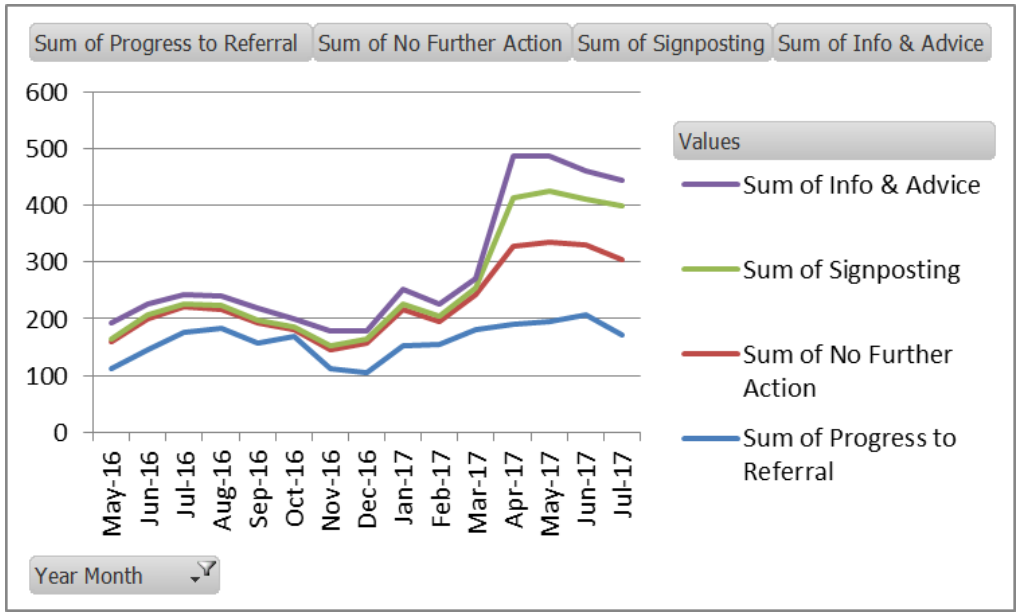
3. **2017/18 supported by:**
   a) Departmental restructure - £600k
   b) CHC – Significant improvements to these processes realising 70% of £220k
   c) Care package review – £200k
   d) Public health - £156k



Demand Management – Front Door

The changes introduced by the transformation programme, in particular Asset Based Conversations, have started to move footfall towards low and no cost support options

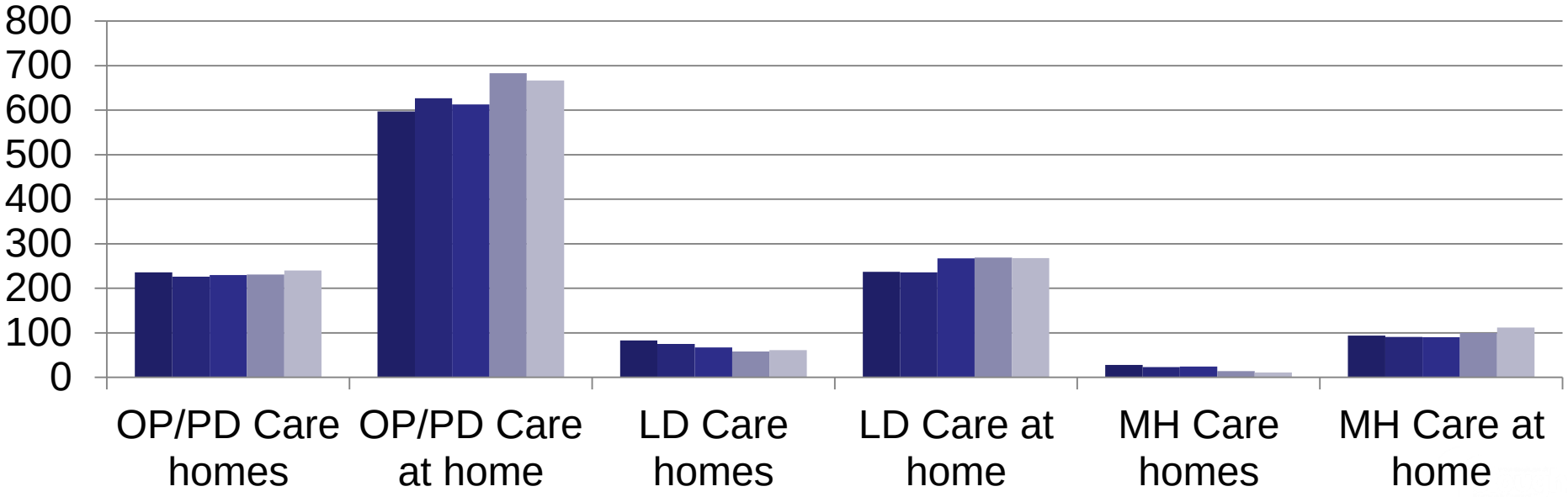


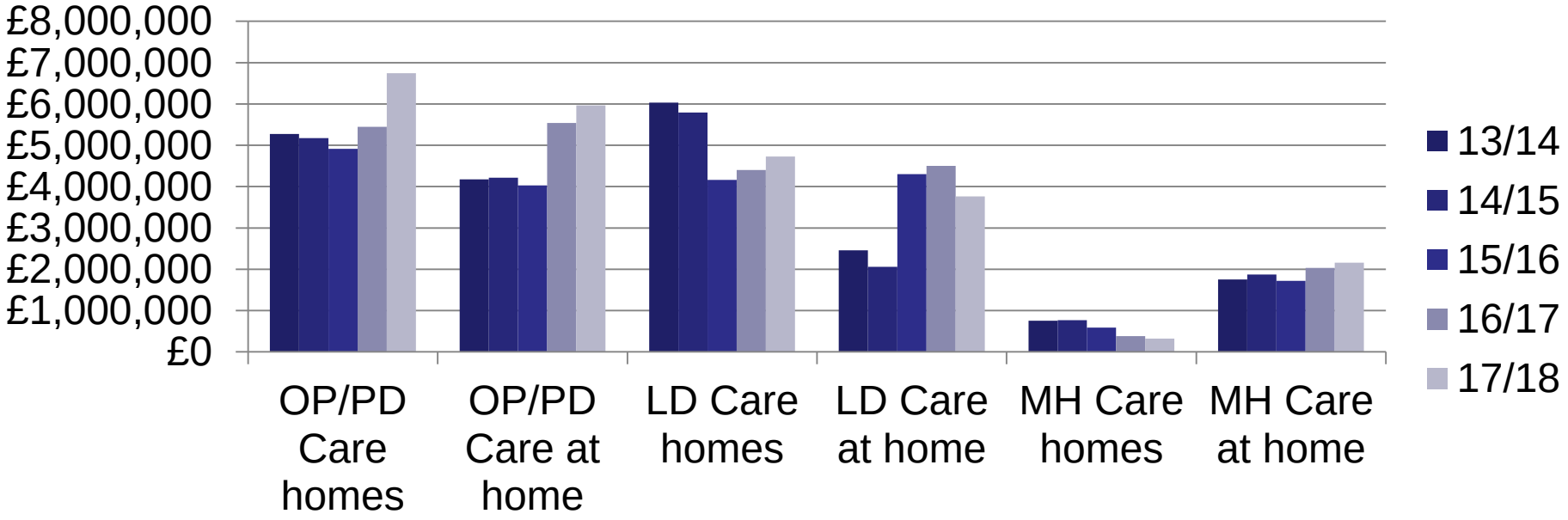


For new client's the average indicative budget has reduced by just over £50

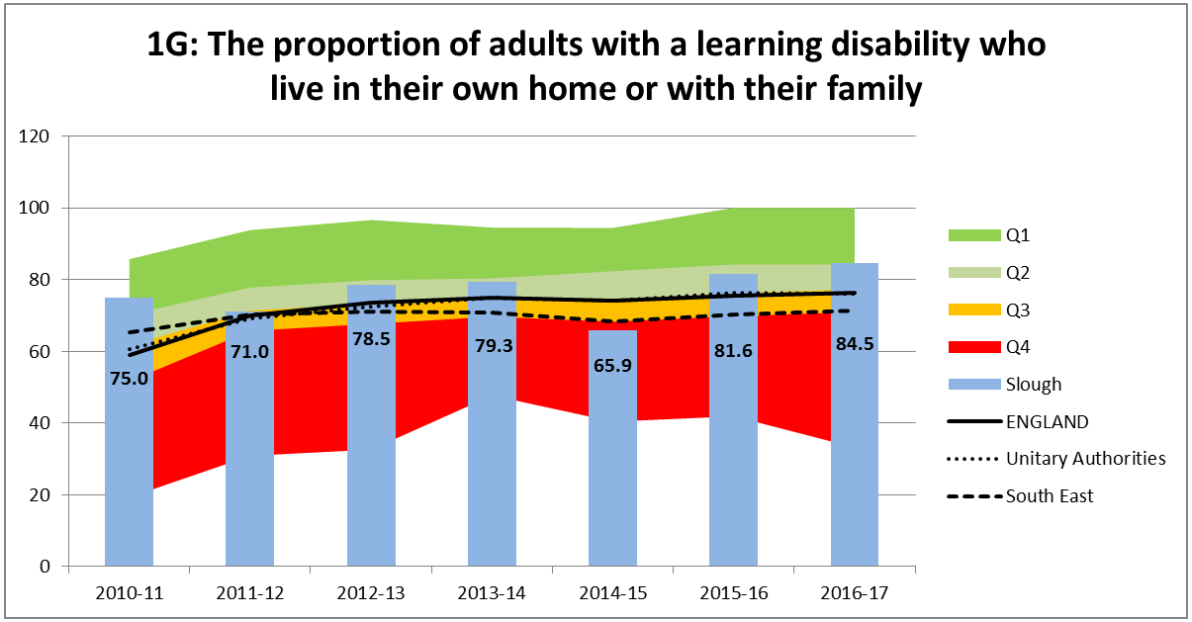
The budget pressures are found on current clients whose needs are becoming greater and more complex

Demand Management – Client Nos & £££ by Package 2013-18



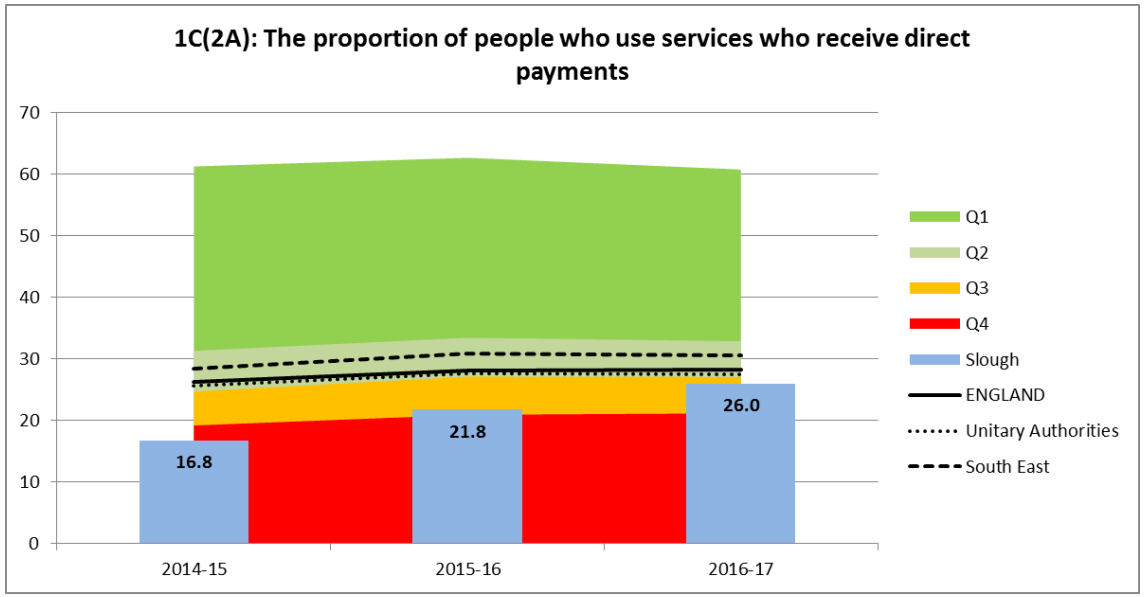


Performance 2016/17 – Successes - Part A

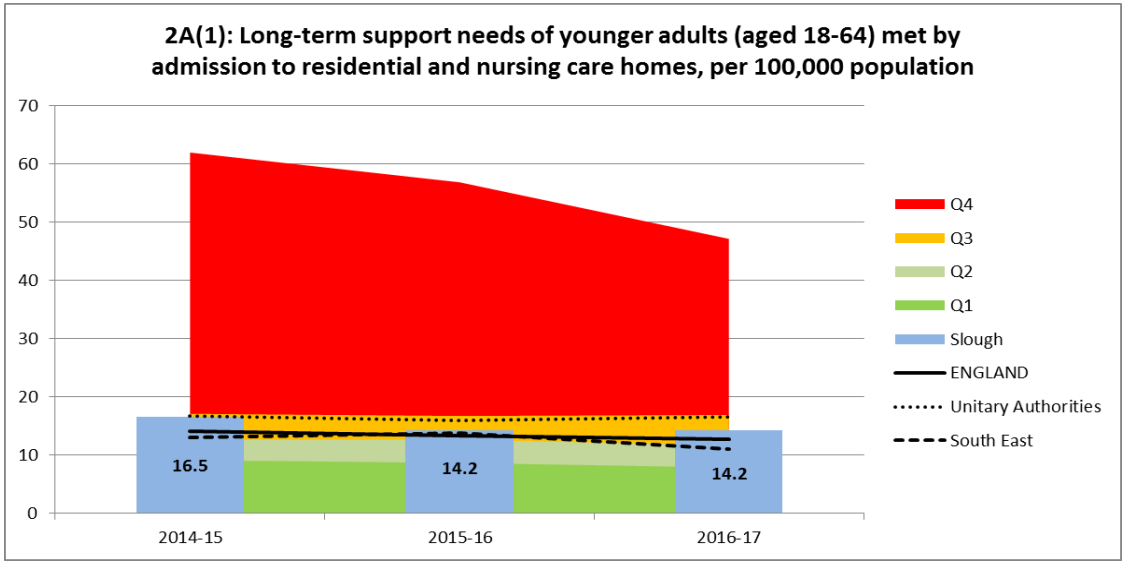


1G - The nature of accommodation for LD clients has a strong impact on both their safety and overall quality of life, and the risk of social exclusion. Slough is now in the top quartile of the Country.

1C(2A) shows an improvement for the department in delivering personalised services that are directly under the service user's control

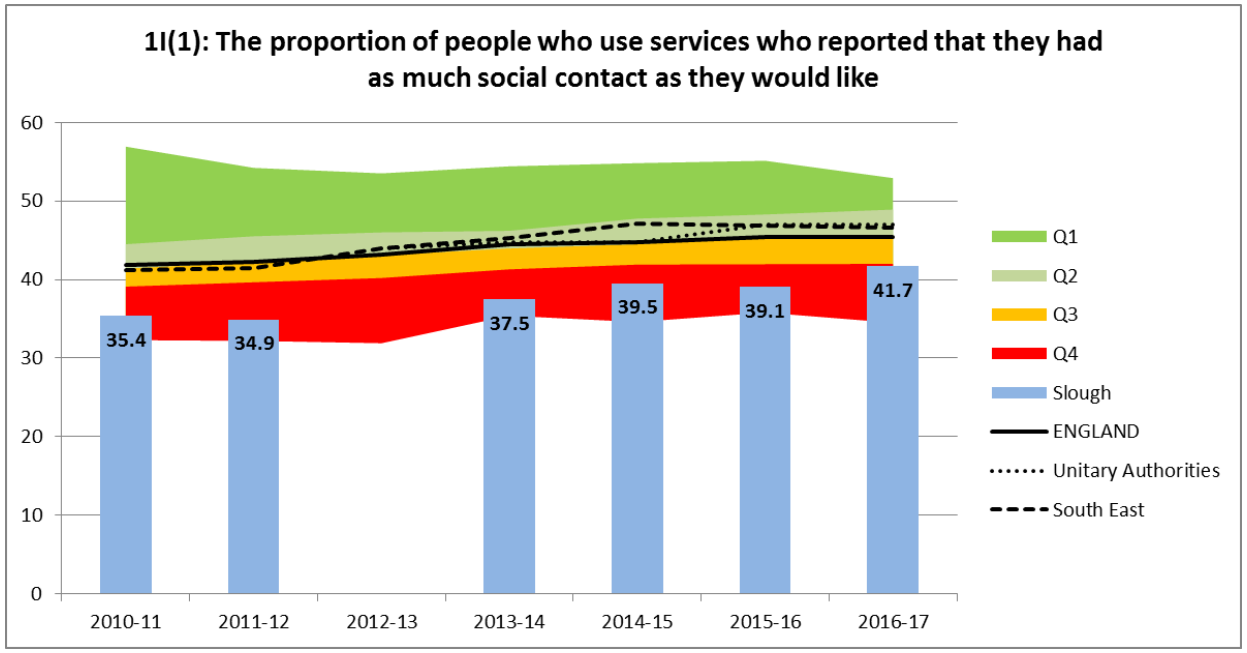


Performance 2016/17 – Areas of Work – Part B

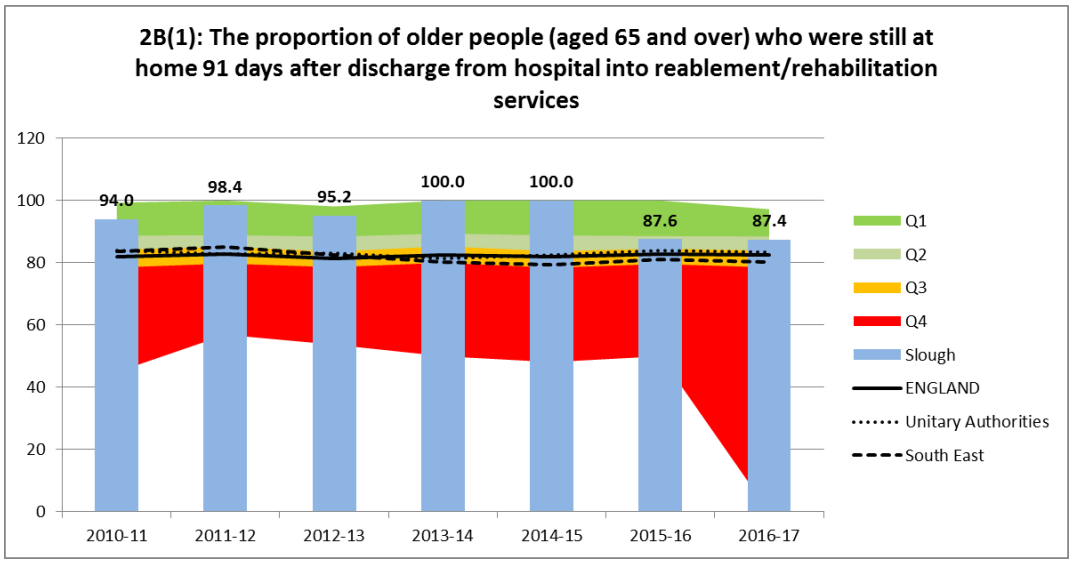


2A(1) measures how LAs are avoiding permanent placements in residential or nursing care homes. SBC had 13 new permanent placements 2016/17

Indicator 1I(1) shows self-reported levels of social contact as an indicator for social isolation. We are improving, but are still in the bottom quartile

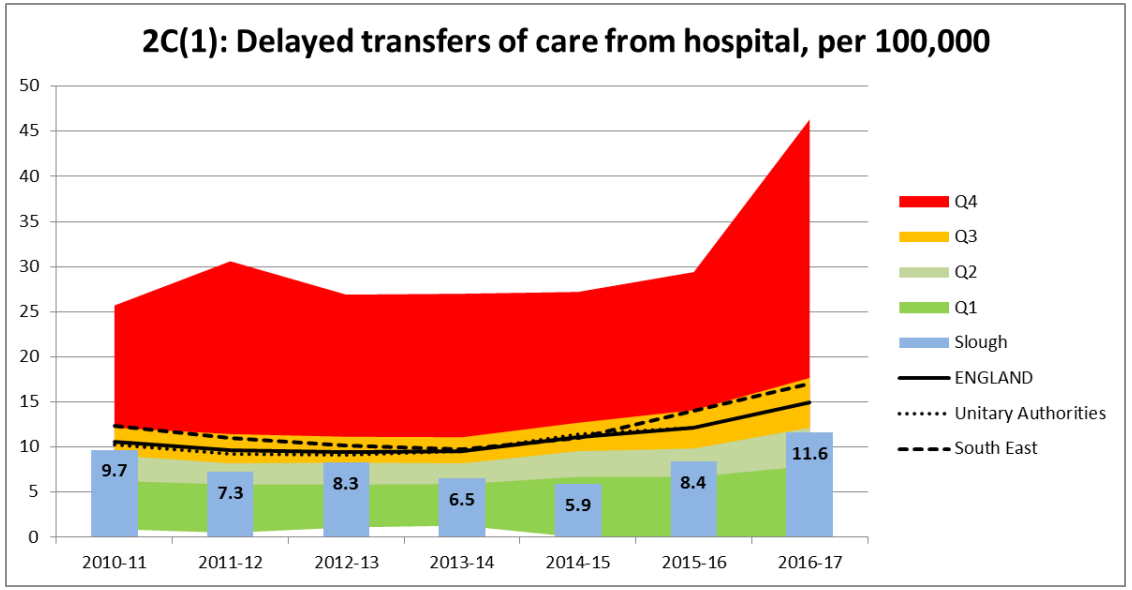


Performance 2016/17 – Areas of Focus



2B (1) measures people entering reablement services to enable their discharge from a hospital bed and reviews their circumstances 3 months later. Slough's 'success' has fallen as a consequence of deliberately opening up reablement services to a larger group of people.

2C(1) measures the ability of the 'whole system' of health and social care sectors to ensure appropriate transfer from hospital for all adults. Reasons include family objection, homelessness, social care support. As a system we are working fairly effectively.



The benefits so far...

1. Improved client outcomes through the implementation of Asset Based Conversations (now being rolled out across the Frimley STP) and a continued shift towards home based care
2. £4.814mn savings in years 1 & 2
   a) £600K staffing savings whilst increasing operational staff
   b) CHC business and cash flow improvements
   c) Care package reviews are now realising savings and 100% of all cases are expect to be reviewed improving quality
3. Direct Payments +42% during 2015/17 – improving client outcomes
4. Demand management – Improved utilisation of low cost support options and reduced IPBs for new clients
5. High staff engagement – lowering of staff turnover 18 permanent conversions from locum staff
6. Zero residential or home care providers have handed back contracts in the past 12 months

Tranche 2 – What Next & How 2018-2020

New Ways of Working

- Work with frontline stakeholders to id joint outcomes and amplify good practices such as GP cluster meetings and MDTs
- Focus on self care, self determination, prevention & early intervention
- Solidify these changes and provide focus such as MECC Plus and Concern Cards that promote the id of social isolation, mental health, safeguarding, wellbeing
- Ensure systems / processes are in place to sustain practices

Develop Social Capital

- Connect and empower our Citizen ABCD
- Market social capital through Asset Maps and Time-banking
- Use other models of delivery such as CICs
- Diversify income and look for opportunities in Social Crowd Sourcing
- Realign prevention and social capital funding
- Support the implementation and delivery of a Council community development strategy

Implement Integrated Care

- Work with Com Health, GPs, Social Care and Voluntary Sector develop a model of integrated Care Decision Making (Hubs)
- Link these health and care developments to in to our Council changed ways of working
- Understanding that whole system issues = whole system solutions
- Implement the Shared Care record and joint case management practices
- Design a **support workforce** that is fit for purpose across the system

Promote Self Care

- Train staff in ABC approaches in order to encourage citizens to change their behaviour
- Extend wellbeing prescription into other pathways
- Continue to promote Direct Payments as part of ABCs and explore Health Direct Payments are a tool in Integrated Care Decision Making
- Provide information and advice and seamless referral pathways
- Launch the Citizen self-care portal

Future Challenges

1. Customer expectations and communication
2. Improved BCF – cessation after 2020, what's next?
3. Continuing to manage demand
4. Increasing complexity of current cases
5. Green paper – consultation in 2018 to be confirmed

Any Questions?

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