

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: 11th September 2018

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WARD(S): All

PART I **FOR COMMENT & CONSIDERATION**

ADULT SOCIAL CARE TRANSFORMATION PROGRAMME – STAGE 2

1. Purpose of Report

1.1 This report will provide the Panel with an update on Stage 2 of the Adult Social Care Transformation Programme. This consists of four key areas in delivery, namely:

- New ways of working
- Developing social capital
- Implementing integrated care
- Promoting self care

1.2 This report is a reference from the Overview and Scrutiny Committee, who will be taking an update on the Transformation Programme on 15th November 2018.

2. Recommendation(s)/Proposed Action

The Panel is requested to note:

- a) the progress being made in implementing the Adult Social Care Transformation Programme
- b) the community development projects that are being established to support the prevention of long term adult social care needs and the proposed impact that whole community approaches will have on the ability of the Council, Public Health and the NHS to support those who are the most vulnerable in our community
- c) the Making Every Contact Project is looking for volunteer councillors to attend the training programme to encourage a deeper understanding of how our citizens can be empowered to take control of their issues
- d) the increasing pressures that adult social care is facing with the further potential for the reduction in national one off funding. Please see the Association of Directors of Adult Social Services in appendix 1.

3 **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy Priorities**

The Adult Social Care Transformation Programme supports the following priorities of the Wellbeing Strategy:

1. Increasing life expectancy by focusing on inequalities
2. Improving mental health and wellbeing

Though not specifically a Wellbeing Strategy priority, the work of the Adult Social Care Programme also supports the reduction of loneliness and social isolation in the Borough, a core area of focus in 2018.

3b. **Five Year Plan Outcomes**

Outcome 2 (“Our people will become healthier and will manage their own health, care and support needs”) of the Council’s Five Year Plan is supported through the delivery of the Adult Social Care Programme.

4. **Other Implications**

(a) Financial

- 4.1 Since 2013 there has been a 17% reduction in the net budget for the adult social care department reducing from £38.3 mn to £31.9 mn.
- 4.2 There is currently a projected overspend for 2018/19 of the Adult Social Care budget of £1.8mn, pressures are arising from:
 - a) No inflation allowance allocated for 2018/19
 - b) Provider inflation and price rate increases
 - c) National minimum living wage obligations
 - d) People are staying longer in care homes
 - e) Increasing levels of need especially for people already known to social care
- 4.3 A recovery plan is in place which is in addition to the existing 2018/19 savings plan, this should mitigate the risk of overspend for 2018/19 to £1mn.
- 4.4 The Adult Social Care budget would have a further £2.5mn overspend which is currently being covered nationally by one off funding from the Improved Better Care Fund. This annual one off funding is due to end in March 2020 and the impending Government green paper on the sustainability of adult social care funding due out in the Autumn will hopefully provide some clarity otherwise either further savings will need to be found by adult social care or a further allocation of council budget to adult social care will be required.
- 4.5 Since 2015 the programme has delivered £4.814mn of the targeted £7.9 mn of savings (2015-19). The significant projects that have delivered this include:
 - a. Learning disability change programme – £1mn, through more people living in supported living and the provisioning of LD day services in to the community
 - b. Housing Related Support - £600k, contract review of local HRS services

- c. ASC Departmental Restructure - £600k, implementation of community based teams, new line management structures and reduction in locum use
- d. Drug & Alcohol Team Service Review - £100k, recommissioning of local DAAT services
- e. Voluntary Sector Contract - £425k recommissioning of local services through the a new innovative outcomes based contract awarded to SPACE
- f. Continuing Health Care - £250k, review of business processes and re-training of staff to identify joint NHS funded clients
- g. Increasing Fees - £189k, increased client charging fees

(b) Risk Management

| Recommendation from section 2 above | Risks/Threats/ Opportunities | Current Controls | Using the Risk Management Matrix Score the risk | Future Controls |
|---|---|--|--|--|
| Financial risk – in year projected overspend | Projected £1.8mn overspend | Savings and recovery plans in place | 4 | Governed with fortnightly management meeting and project boards established |
| Financial risk – long term funding solution | £2.5 is currently provided by the NHS Improved Better Care Fund which is due to cease in March 2020 | National Green Paper due for publication autumn 2018 | 4 | Review of paper, consultation through ADASS and LGA |
| Nominations for further community groups and wards to take part in the continued rollout of the Asset Based Community Development | Provides an opportunity for Councillors to be supported in the development of community initiatives and develop social capital. | Details what controls are in place to mitigate the risk or enhance the opportunity | 2 | If there is interest, a specific briefing session will be scheduled to develop local plans |
| Nominations to take part in the Making Every Contact Count Training are being offered with a view to learn whether this can help support the case | Council staff and Counsellors have an understanding of the MECC conversational support skills, which can bring a consistency in | Presently little cross staff and Counsellor training is provided, this presents an opportunity to explore the potential to | 2 | Ongoing NHS Wessex training evaluation |

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| work of Councillors and to gain first hand experience of our prevention and early intervention work | helping people help themselves, which is an outcomes for both the SBC 5YR plan and Frimley Integrated Care System | harmonise the way in which we support our citizens | | |
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(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications related to the undertaking of this programme of work.

(d) Equalities Impact Assessment

The main impact of implementing the Transformation Programme will be for older people and people with disabilities and their carers, as this is the single biggest demographic that forms our client base. The changes have introduced a more personalised approach, focused on individual wellbeing resulting in a broader range of services being offered to people to meet their needs.

The main impacts of implementing the reform programme are:

1. People being more in control of their care needs
2. People getting the services and supports they need based on a person centred approach
3. Less people being in crisis and needing admission to hospital or care home
4. More targeted and universal prevention support provided by local community and voluntary sector identifying and supporting people at an earlier point

The strengths based approach to our assessment framework has also been embedded in the department's voluntary and community sector contract with SPACE, through areas such as community development and social prescription.

The department's commissioning service includes an active portfolio of projects that support our wider community including learning disability, mental health services, building based care and is developing an innovative co-production approach to ensure that all protected characteristics in our population can contribute in the design and delivery of our services.

5. Supporting information

- 5.1 The Overview and Scrutiny Committee received an item on the Adult Social Care Transformation Programme on 15th March 2018. This provided an overview of the progress made by the Programme since 2015, and how Slough Borough Council (SBC) were planning to deliver improvements in social care practice and enact the Care Act 2014 whilst reducing the budget by £7.9 million in the period 2015 – 19.

5.2 At the meeting, the Committee raised a number of issues, including:

- The development of a Social Prescription Service for mental health service users. This provided support in the community and information regarding services available in their area.
- Social Care workers were being paid London weighting as part of SBC's policy to attract key workers. In addition, an apprenticeship scheme had been introduced to encourage new staff to enter the workforce.
- SBC was working in partnership with the NHS through the Transformation Programme to recruit Support Care Workers, an area which remained problematic across the Slough and the wider ICS.

5.3 Given the importance of the Transformation Programme in ensuring adult social care can be delivered with the required quality in a sustainable manner, the Committee asked for the matter to be considered further. This update on Stage 2 of the Transformation Programme is the first stage of this, with Overview and Scrutiny Committee to take a report on the whole of the Transformation Programme on 15th November 2018, as the second stage.

New ways of working

5.4 Locality Based Social Work

- a) Building on the Adult Social Care restructure and implementation of the new asset based conversational assessment model the North, South and East locality teams are being relocated to office sites in their respective neighbourhoods and to develop their working relationship with professionals across the Council, NHS and Voluntary Sector.
- b) This will provide the added benefits of allowing staff to develop links with their Communities and is mutually agreeable with the move from St Martins Place.
- c) To date 2 out of 3 offices have been sourced (North – Britwell Community Centre, East – Hawkers House, South – TBC (contingency Windsor Rd)

Developing social capital

5.5 Community Asset Based Development

- a. The approach is a progressive model for the sustainable development of communities based on their strengths and potentials. Through this approach communities drive the development process, mobilising existing and often unknown assets and linking them to those that need them
- b. The ABCD (asset based community development) approach shifts from the needs and deficit based conversations towards one that empowers a belief that neighbours and communities have the skills, associations and assets to thrive
- c. A pilot scheme in the East of Slough is underway and local residents have been supported through a series of 3 workshops and interactive community and personal asset mapping exercises to start the process of using their new skills to tackle some of the local issues that they wish to address.
- d. In the Autumn a group of Council and wider stakeholder staff will be trained in Asset Based Community Development facilitation and development tools and techniques to broaden the scheme in to two further wards

5.6 Integrated Care Decision Making

- a. The Frimley Integrated Care System (ICS) Integrated Care Decision Making programme consists of 6 projects replicated across 5 geographic localities in the Frimley ICS.
- b. The model is designed to align and improve the health and care pathways of predominately frail people.
- c. The 6 projects are: Single Point of Access, Integrated Community Teams, GP Anticipatory Care, Hospital In Reach (Inc. Discharge to Assess), Assessment & Rehab Centre & Intermediate Care Beds review
- d. It is anticipated that this model of care will provide better outcomes for our frail residents by coordinating their care to avoid unnecessary admissions to hospital or residential care homes and if they are admitted to hospital ensure that they are discharged as safely as possible home and support them to gain independence as quickly as possible.
- e. Consequently at a number of points in the health and social care system new ways of joint working between social care, nursing, mental health, general practice, voluntary sector, occupational therapy, and specialist community health workers will be implemented
- f. At a local level a jointly coordinated NHS and Slough Borough Council plan and governance arrangements support this complex delivery of change, which is expected to deliver 50% of the change in Non-Elective Hospital Admission rates by June 2019 (100% by Aug 2019)
- g. A number of service functions and best practices have been implemented or are in the process of being re-modelled against the overarching specification (i.e. Hospital Discharge, the Single Point of Access and Integrated Care teams)
- h. Deliverables for the projects include multiple and complex process reviews, the creation of new organisational procedures, organisational development and training programmes for multi-disciplinary team staff and management, KPI collection & monitoring (data and processes reviewed and contractual overview) and a communications campaign .

Promoting self care

5.7 Making Every Contact Count (MECC)

- a) During 2018 the Frimley ICS have been rolling out a new approach to citizen centred care called Making Every Contact Count (MECC)
- b) MECC is an approach to behaviour change that optimises the professional interactions with people to support them in making positive changes to their physical and mental health and wellbeing.
- c) The local project is implementing a MECC training programme for frontline SBC and Partner staff to provide a practical and consistent way to identify the issues and warning signs related to (amongst others) poverty, obesity, social isolation, mental health, falls prevention, fire safety, nutrition, domestic violence, carer support
- d) The project will also ensure that those residents are supported to make the right referrals to the support they need.
- e) To date 6 trainers have been trained and a further 24 staff have undergone the training
- f) All staff have reported a greater level of confidence in their ability to actively listen to residents and help them resolve their issues and direct them to early intervention and prevention services

6. Comments of Other Committees

The comments of Overview and Scrutiny Committee are reflected in Sections 5.1 and 5.2 of this report. The views expressed at this meeting of Health Scrutiny Panel will then be reflected to Overview and Scrutiny Committee as part of their update on 15th November 2018.

7. Conclusion

The Adult Social Care programme has the dual function to deliver the agreed savings in the councils medium term financial plan and to ensure that the Council, partners and providers are looking over the horizon at the risks being presented to the delivery of local public services in the medium to long term.

The department continues to work to a high level looking after our residents by promoting their independence and protecting the most vulnerable people in our society. But the risks presented in previous papers continue to mount. At the core of these risks are the increasing number of people requiring social care support, with increasing complexity, whilst managing the department with less core budget and significant uncertainty on the long term funding solution from central government and the NHS. During this financial year a recovery plan has been initiated to address the £1.8mn projected overspend, but these measures come after a number of years in which previous plans have yielded savings from across all service areas, leaving the department very few options from which to reduce expenditure without risking the delivery of a critical public service. It is hoped the autumn Green paper will provide some detail on the long term funding solutions that have left adult social care departments across the country with an estimated £2.6bn funding gap nationally.

This stage of the programme of work reflects the need to manage demand in our population much earlier than we have previously attempted and in particular these projects seek to build communities, personal resilience and to empower our residents. In light of this the programme we would like to offer the opportunity for Councillors to see first hand some of the work that is being undertaken in two ways:

1. We are looking for further opportunities to build on the Asset Based Community Development project started in Foxborough and would welcome any nominations of local community groups/ wards to take part in the further rollout of this work. Please make your recommendations to simon.lawrence@slough.gov.uk
2. As outlined, we are empowering our residents to take an active part in the health care and support through the use of the Making Every Contact Count (MECC). We would like to run a trial for Councillors to take part in further MECC training courses, to learn these new conversational skills, understand how these are being used by our operational staff and then to understand how the skills might be helpful for Councillors in their case

work with residents and Member development. Please put your recommendations forward to simon.lawrence@slough.gov.uk

8. **Appendices Attached**

Appendix 1 – Association of Directors of Adult Social Services (ADASS)

Why Adult Social Care Matters

<https://www.youtube.com/watch?v=it6xnNbj3kQ>

7. **Background Papers**

Agenda papers and minutes, Overview and Scrutiny Committee, 15th March 2018