

SLOUGH BOROUGH COUNCIL

REPORT TO: Overview and Scrutiny Committee

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PART I **FOR COMMENT & CONSIDERATION**

ADULT SOCIAL CARE TRANSFORMATION PROGRAMME

1. Purpose of Report

This report provides the Panel with an update on the Adult Social Care Transformation Programme. The report also incorporates the comments of the Health Scrutiny Panel regarding Tranche 2 of the Programme, which covers:

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

2. Recommendation(s)/Proposed Action

The Committee is requested to resolve that the update on the Adult Social Care Transformation Programme be noted.

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”) and Outcome 3 (“Slough will be an attractive place where people choose to live, work and stay”) of the Council’s Five Year Plan are supported through the delivery of the Adult Social Care Programme.

4. Other Implications

(a) Financial

Sections 5.1 – 5.2 cover the financial impact of the Transformation Programme. A further report on the budget for the Programme will be taken by Health Scrutiny Panel on 17th January 2019.

(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 overspend even with controls	Savings and recovery plans in place An additional £515,000 Dept Health and Social Care (DHSC) funding	4	Governed with fortnightly management meetings and project boards established
Financial risk – long term funding solution	Temporary funding via the Improved Better Care Fund and DHSC is due to cease in March 2020. This amounts to over £3m	National Green Paper due for publication December 2018	4	Review of paper, consultation through ADASS and LGA

(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 person and asset centred 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 and also through areas such as community development, social prescription and Making every Contact Count.

5. **Supporting information**

Funding for the Transformation Programme

- 5.1 The outlook on long term funding for Adult Social Care remains uncertain, the solutions for this, it is hoped, will be in the Government's Green Paper due to be published in December 2018.

In the Autumn Budget 2018 additional in year funding for Adult Social Care departments nationally was announced plus additional funding in 2019/20. For Slough this equates to an additional £515,000 for each year. Because of the financial and demand pressures this additional funding will be used to maintain the commitment to current levels of activity.

As previously reported there is a projected £1.8mn overspend in adult social which is being managed through a recovery plan. This plan will mitigate the risk of overspend for 2018/19 down to £1mn which is the figure reported in the latest council budget monitoring report. The additional £515,000 to maintain activity will therefore reduce this projected overspend to £0.5mn.

The cost pressures facing the department stem from the following factors:

- a) People are staying longer in care homes
- b) Increasing levels of need especially for people already known to social care
- c) No inflation allowance allocated for 2018/19
- d) Provider inflation and price rate increases
- e) National minimum living wage obligations

The plan to mitigate these pressures is based on a combination of transformation activities, some of which have been outlined below and a focus on three main areas of business and operational practice:

- a) Direct Payments - a direct payment gives more flexibility, choice and control over the services that our residents need. The resident determines the way in which their care needs are met and this often results in a more personalised support plan and one that research shows is provided at less cost to the council. In the last 24 months the proportion of clients receiving a direct payment has increased from 16.8% to 26%, improving the outcomes for our clients and reducing the average cost of care packages.
- b) Review Team – over the past 12 months a multi-disciplinary review team has been established at specific junctions in our client pathways to ensure that care packages are reviewed and adjusted where necessary.

Consequently, clients are provided the correct level of support. People's needs are then systematically reviewed as part of the 12 month statutory review.

- c) Continuing Health Care (CHC) – over the past 18 months the department has worked on improving the understanding of CHC funding options for clients and worked with colleagues in East Berkshire Clinical Commissioning Group to improve the assessment and approval process.

Outline of the Transformation Programme's Objectives

- 5.2 The changes initiated through the programme have introduced a more personalised approach, focused on individual wellbeing which in turn has resulting in a broader range of services being offered to people to meet their needs. The programme has also delivered £4.814mn of the targeted £7.9mn of savings (2015-20) and is on course to reach this year's savings target of £832,000 as part of this programme.

The programme has also made significant progress in moving the department away from a "deficit" based 'assessment for services' model and towards one that focuses on neighbourhood based support and care, maximising all available resources, assets and skills available to people and families where they live. This is one of the core principles in achieving Outcome 2 of the Council's 5 year Plan.

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Health Scrutiny Panel 11th September 2018 – Item on Tranche 2

- 5.3 At its meeting on 11th September 2018, the Health Scrutiny Panel took an item on Tranche 2 of the Transformation Programme. Their main comments are summarised below:

- **Integrated Care Decision Making** – members raised the issue of ensuring that those being discharged were returning to homes that were safe and suitable. They also requested that any learning was taken from incidents where discharge from hospital had not been optimal and that training was in place to address such matters.
- **Community Delivery and Engagement** – members enquired about the Community Asset Based Development Pilot in Foxborough and how it would be applied across Slough. They also asked about the capacity of communities to put in place appropriate solutions for their local issues.
- **Early Intervention** – members expressed concern about plans for residents or communities which had not been identified and supported with early intervention.

Given the above, the following sections of this report will address these matters in greater depth.

Integrated Care Decision Making – ‘Discharge to Assess’ Model

- 5.4 There are 2 projects within the “Discharge to Assess” (D2A) model locally in Slough:
- a. Home First – this pathway went live November 2018 through an investment to develop a team of 3 staff providing an “In Reach” function to the wards at Wexham Park hospital for medically fit patients. Patients will be assessed at home and provided 72 hours of home care from a specialist quick response domiciliary care provider to allow community based services to formulate a medium term support plan. It is currently too early to provide evidence of the impact of this new service but evidence from other parts of the country that have introduced a similar model show a positive impact.
 - b. Discharge to Assess Beds – the department is supporting Berkshire Health NHS Foundation Trust in the reconfiguration of the rehabilitation beds at Upton and St Marks hospitals. An improved 72 hour service will be provided in these intermediate care beds involving therapeutic and social care inputs to in-reach to these patients and bring them back in to the community with a focus on reablement and community support.

The benefits of these improvements centre on reduced hospital re-admission rates, reducing the lengths of stays whilst in hospital and the reduction in permanent care home admissions.

The committee are asked to note that these improvements build on the previous high performance of the hospital social work and reablement teams that have only seen very minimal delays in hospital discharges attributed to the Slough Adult Social Care department since September 2017.

- 5.5 In response to the Panels question on ensuring safe and ready home discharge, the D2A approach will strengthen this aspect of delivery and build on the current work undertaken by the prescribing hospital therapists that provide the discharge plan from the ward assessment. In combination these actions will strengthen the quality of the care provided to patients being discharged from hospital.
- 5.6 In relation to organisational learning from discharge incidents Slough Safeguarding Adult Board is leading on coordinating agencies across East Berkshire to address the challenges and has created a multi-agency forum to deliver improvements. This multi-agency group has undertaken a self evaluation using NHS published standards and it has produced an action plan to deliver improvements. This action plan is reviewed quarterly by this group and progress reports are provided to the Safeguarding Adult Board.

Community Delivery and Engagement – Foxborough Pilot

- 5.7 Following a mid-pilot review and lessons learnt exercise the Asset Based Community Development (ABCD) toolkit has been adopted for use as part of Outcome 3 (Council’s 5 year plan) “Co-creating stronger and more attractive neighbourhoods”. A difficulty identified during the pilot was in finding new community connectors and empowering them to make a difference locally. The project board understand that it takes time to establish relationships and then initiate social action in communities. What is clear through the pilot is that we were able to have a new conversation with our residents about community development, centred on community led change by harnessing personal and community assets and resources.

Consequently, the ABCD tools will be used as part of the development work taking place in the initial cohort of 3 neighbourhoods (Foxborough, Trelawney & Chalvey) to facilitate conversations with established community connectors on what communities value, what they would like to change and then empowering them to take “social action” to make those changes.

One of the observable benefits from Foxborough has been the use of the tool to expand the reach of established community connectors in to the community. This resulted in one connector increasing their group’s membership by over 50 people during the 3 months since the pilot started, connecting previously socially marginalised people. To this end the second half of the pilot will explore the potential of ABCD with voluntary sector organisations and established community connectors, who will be trained on the ABCD toolkit. These sessions are planned for December 2018 and January 2019.

Due to the limited funding for the pilot it will be fully evaluated in March 2019 and a proposal developed to expand the scale and scope of Asset Based Community Development across the Borough, with other partners and the communities of Slough.

Early Intervention – ‘Make Every Contact Count’

- 5.8 The Making Every Contact (MECC) approach continues to be expanded across frontline teams in the Council and the recent addition of a further 7 trainers will allow this rate of expansion to increase over the coming 5 months. The ambition is to have 140 staff trained by March 2019.

Further developments will see a “MECC lite” course offered through the council Member development programme in 2019/20 and the principles of self-care and support built in to the new council Customer Strategy that is currently being developed.

In relation to identifying residents that can be supported through early intervention and support, MECC is one of a range of innovative approaches currently being provided through statutory organisations, partners and the voluntary sector locally in Slough. Other notable examples include the Slough Advice Centre and the Wellbeing Prescription team that provide a social prescription to individuals that supports them in accessing a wide range of support in the community and navigating them to formal support networks when required.

6. Comments of Other Committees

The comments of Health Scrutiny Panel at its meeting on 11th September 2018 are discussed in depth in Section 5 of this report.

7. **Conclusion**

Funding uncertainties continue for Adult Social Care, particularly in relation to the cessation of the Better Care Fund in 2020 and in the delay in the publication of the green paper.

Short term funding solutions during 2018/19 and 2019/20 provide partial relief, but the continued growth in demand, the increasing complexity of the people that we support, increasing costs and our increased statutory duties under the Care Act, require staff to continually innovate and deliver the service improvements mentioned above, whilst operating in an environment that is restrictive in terms of finances and resource.

8. **Appendices Attached**

None

9. **Background Papers**

Agenda papers and minutes, Overview and Scrutiny Committee, 15th March 2018
Agenda papers and minutes, Health Scrutiny Panel, 11th September 2018