

SLOUGH BOROUGH COUNCIL

REPORT TO: Overview & Scrutiny Committee **DATE:** 11 April 2019

CONTACT OFFICER: Simon Lawrence, Adult Social Care Programme Manager
(For all Enquiries) (01753) 875121

WARD(S): All

PART I
FOR COMMENT & CONSIDERATION

ADULT SOCIAL CARE TRANSFORMATION PROGRAMME

1. **Purpose of Report**

1.1 This report will provide the Committee with an update on the Adult Social Care Transformation 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:

- a) That the update on the Adult Social Care Transformation Programme be noted.
- b) That Members consider whether further scrutiny is required.

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 2019.

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 – 5.7 cover the financial impact of the Transformation Programme. A further report on the budget for Adult Social Care will be taken to Health Scrutiny Panel once the Governments Green Paper on the sustainability of Adult Social Care is published.

(b) **Risk Management**

Recommendation from section 2 above	Risks/Threats/ Opportunities	Current Controls	Using the Risk Management Matrix Score the risk	Future Controls
2018/19 Financial risk – projected overspend	The Adult Social Care Budget is overspending due to demand, complexity of need and increasing prices.	Savings and recovery plans in place. An additional one off £515,000 Dept Health & Social Care funding. And one off improved Better Care Fund funding. Both of these areas are due to end in March 2020	5	Governed with fortnightly management meetings and project boards established.
Financial risk - 2019/20 projected overspend	The Adult Social Care Budget is facing an overspend due to demand, complexity of need and increasing prices.	Savings and operational efficiency plans in place Reliance on one off government funding that is due to end in March 2020.	4	Governed with fortnightly management meetings and project plans in place for all savings and recovery areas.
Financial risk – long term funding solution	£3.36mn is currently provided by the NHS Improved Better Care Fund which is due to cease in March 2020	England Green Paper due for publication at the first opportunity in 2019	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 "at the first opportunity in 2019" (<https://researchbriefings.parliament.uk>)

As of period 11 2018/19 Adult Social Care is projecting an overspend of approx £0.6m.

These 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 recovery 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 you more flexibility, choice and control over the services that our residents need. The resident determines

the level of support and care that they need and this often results in a more personalised support plan and one that research shows is provided at less cost to Local Authorities. 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 18 months a multi-disciplinary review team has been established at specific points in our client pathways to ensure that care packages are reviewed and adjusted where necessary. Consequently, clients are provided the correct level of support and they are encouraged to regain independence at home.
- c) **Continuing Health Care** – over the past 24 months the department has worked on improving the understanding of CHC funding options for clients and worked with colleagues in at East Berkshire Clinical Commissioning Group to improve the assessment and approval process. Over recent months the CCG and Slough Borough Council have been working in partnership to remodel CHC operational practices and commissioning.

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 £7.07 mn of the targeted £7.9 mn of savings (2015-19) 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 supporting the delivery of Outcome 2 and 3 of the Council's 5 year Plan.

The main impacts of implementing the transformation programme have been:

- a) Increasing the number of people that are in control of their care needs
- b) Increasing the number of people getting the services that supports their need based on a person centred and strengths based approach
- c) Less people being in crisis and needing admission to hospital or care home
- d) More targeted and universal prevention support provided by local community and voluntary sector identifying and supporting people at an earlier point
- e) Reducing the department's use of agency staff

Adult Social Care Transformation Programme – Tranche 2

- 5.3 At its meeting on 15 November 2018, the Oversight & Scrutiny Committee took an item on the update of ASC Transformation Programme. This section of the report provides an update on this area of important work for the department and partners. The following sections of this report will address these matters in greater depth.

Integrated Care Decision Making Programme

- 5.4 The Integrated Care Decision Making (ICDM) programme is part of the Frimley Integrated Care System (ICS) and comprises of five projects that are being replicated across the five ICS locality areas of which Slough is one. The ICDM model seeks to integrate health, social care and voluntary sector pathways to improve the delivery of services for people that are frail and those most likely to be admitted to a hospital or care home. Within each of the five projects improvements will be made to coordinate the care of individuals and their families, build a better understanding of professional values and strengths and to make the best use of public funds.

Building an 'infrastructure' to achieve cultural change of joint working and 'can-do' philosophy around neighbourhood and place

- 5.5 There are a total of 5 projects within the Frimley Integrated Care System ICDM programme. This report provides an outline of the three completed projects (Hospital In-reach, Anticipatory Care Planning and Community Multi-disciplinary Teams) and the Local Access Point project in Slough. The remaining project "Co-located Teams" is not scheduled to start until 2020 and will build on our understanding of Community resources and assets.

- a. **Hospital In-reach (Home First)** – this pilot 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. Following a project evaluation improvements have been made to the Hospital Social Work team who will now assess patients 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. **Anticipatory Care Planning (ACP)**– new ways of working that include risk stratification tools and additional care-planning interventions have been successfully implemented in Slough. The early results of this work indicate that Slough GP practices are the most progressed in the East Berkshire area in terms of identifying patients that need an Anticipatory Care Plan. These plans are then sent to the Community Multi-disciplinary Teams. Patients in this cohort have a 19% reduction in Non-Elective Admissions.
- c. **Community Multi-disciplinary Teams (MDTs)** – If needs of the ACP cohort cannot be managed solely within Primary Care then the GP is able to refer the case to be managed by a diverse team of professionals that will co-ordinate and integrate services for people who have complex care needs. The aim of this virtual team is to prevent and re-escalate any impending crisis for an individual. Since November 2018, the established Community MDTs have been re-modelled against the other component projects of the ICDM model. This has included extended the meetings from one to two hours to accommodate both the proactive and the anticipatory case, remodelling pathway, investing in staffing resources and undertaking a programme of organisational development and training courses.

- d. Local Access Points** – This project will set up a Local Access Point (LAP) in each of the five Frimley localities to enable staff and organisations to jointly manage risk in order to prevent unnecessary admission in crisis. Health and Social Care professionals will be co-located in the LAP to support the ACP and Community MDT pathways for cases in crisis where an immediate coordinated response is required. To enable this to happen a joint triage, assessment and response service will be established that will match the improved access to the 8-8 GP provision. The intended outcomes of this will be to remove multiple referrals to agencies, stop people having to "tell their story more than once", reduce unnecessary hospital or care home admissions and make the best use of public resources. The ICS business case is currently being developed across the localities.

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 discharge attributed to the Slough Adult Social Care department since September 2017.

Community Delivery and Engagement – Place Based Social Work

- 5.6 Following the pilot a lessons learnt exercise was undertaken on the project and consequently the Asset Based Community Development (ABCD) toolkit will be used as part of the development work taking place in "Stronger Neighbourhoods" programme and will also be used by the social care team and Wellbeing Prescribers to make links with and between community groups, associations and residents that need support. The project was expected to conclude with an evaluation of phase 2 in March, but due to the recruitment of a new project manager this has been put back to June 2019.

Early Intervention – 'Make Every Contact Count'

- 5.7 The Making Every Contact (MECC) approach continues to be expanded across frontline teams in the Council. Currently, 80 staff have been trained on the approach, with notable successes in the Library service, who have now built MECC in to their supervision processes.

The ambition to train 140 staff by March 2019 has not been met due to limitations in the train the trainer model employed. Consequently, alternative delivery models are currently being explored by the ASC Transformation & Commissioning team. These include working with the Frimley ICS project team to establish a sustainable long term solution that allows partners to access dedicated MECC training resources.

MECC was presented through a practical exercise at the March 2019 Member development session as part of the Customer Transformation Programme to underscore the importance of the approach for operational staff and Members. MECC has been added to the Member's development programme for 2019/20.

Citizen Led Design – Co-production

- 5.8 Co-production is a means in which citizens and decision makers, people who use services, family carers and service providers work together to create a decision or service which works for them all.

In Slough this approach will underpin our commissioning strategy so that we are able to meaningfully involve people that use services at all stages of the

commissioning cycle. This has required the team to remodel the partnership model, engage the public through a series of conferences, create the new model with our communities, establish a new co-production network and the roll out a co-production development programme for residents.

The intended outcomes of this project are:

- a. Understanding and valuing the experience and knowledge that people using services can bring
- b. Supporting people to be an equal part of the commissioning process
- c. Support outcome 2 of the Council's Five Year Plan through a focus on what is strong and not wrong with our communities
- d. Providing a true picture and insight into how we should be delivering services and working with our Market to find shared values and joint solutions

Over the coming months the project group and co-production board will be working together to identify ways to improve independence and wellbeing of people in our community and involve members of Slough's wider community in designing and developing new services and ways of working.

6. **Comments of Other Committees**

The comments from this report will be forwarded to the Health Scrutiny Panel for consideration and forward planning in 2019.

7. **Conclusion**

Funding uncertainties continue for Adult Social Care, with increasing reliance on one off government funding and the risk of this one off funding ending alongside the ending of the Better Care Fund in 2020 and in the delay in the publication of the green paper.

The short term funding solutions during 2018/19 provide partial relief, but the continued growth in demand, the increasing complexity of the people that we support 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, 15 November 2018