

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Overview and Scrutiny Committee

**DATE:** 30<sup>th</sup> January 2020

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**WARD(S):** All

### **PART I** **FOR COMMENT & CONSIDERATION**

#### **ADULT SOCIAL CARE TRANSFORMATION PROGRAMME AND ADULT SOCIAL CARE IMPROVEMENT PROGRAMME**

##### **1. Purpose of Report**

- 1.1 This report provides the Committee with an update on the Adult Social Care Transformation Programme (2015-2020) and information on the Adult Social Care Improvement Programme (2020-2021).

##### **2. Recommendation(s)/Proposed Action**

The Committee is requested to resolve:

- a) That the update on the Adult Social Care Transformation Programme (2015-2020) is noted.
- b) That information concerning the Adult Social Care Improvement Programme (2020-2021) is 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 and Adult Social Care Improvement Programme support the following priorities of the Wellbeing Strategy:

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

###### **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 these programmes.

#### 4. **Other Implications**

##### (a) **Financial**

Financial implications and impacts are considered in sections 5.1-5.2.

##### (b) **Risk Management**

<b>Recommendation from section 2 above</b>	<b>Risks/Threats/ Opportunities</b>	<b>Current Controls</b>	<b>Using the Risk Management Matrix Score the risk</b>	<b>Future Controls</b>
Financial risk – projected overspend	The Adult Social Care Budget is overspending due to demand, complexity of need and increasing prices.	ASC Improvement Plan in place.	5	Governed with fortnightly management meetings and ASC Improvement Programme Board established.
Financial risk – projected overspend	The Adult Social Care Budget is facing an overspend due to demand, complexity of need and increasing prices.	Reliance upon yearly agreed government funding that is due to end in March 2021.	4	Governed with fortnightly management meetings and ASC Programme Board established.
Financial risk – long term funding solution	£3.4M is currently provided by the NHS Improved Better Care Fund which is due to cease in March 2021.	Reliance on yearly agreed government funding.  Commitment from government to increase spending for adult's and children's social care by £1bn each year until 2024. However, details have not been released at the present.	4	Liaison with ADASS, LGA and correspondence from MHCLG.

(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 Adult Social Care Transformation Programme and Adult Social Care Improvement Programme apply to older people and people with disabilities and their carers, as this is the biggest demographic that forms our client base. The Adult Social Care Transformation Programme introduced a more personalised approach, focused on individual wellbeing, resulting in a broader person centred and asset based range of services being offered to people to meet their needs.

The main impacts of implementing the Adult Social Care Transformation Programme have been:

1. People being more in control of their care needs
2. People getting the services and support they need based on a person centred approach
3. People being supported to stay at home for longer
4. Fewer people being in crisis and needing admission to hospital or care home
5. People being supported to leave hospital on time and minimising unnecessary delays.
6. More targeted and universal prevention support provided by local community and voluntary sector identifying and supporting people at an earlier point

The Adult Social Care Improvement Programme will continue to deliver in these areas, whilst also implementing further improvements and managing expenditure in 20/21.

5. **Supporting information**

**5.1 Adult Social Care Transformation Programme (2015-2020)**

The Adult Social Care Programme was initiated in 2015 with the purpose of delivering a personalised, preventative and asset-based approach towards delivering Adult Social Care. It was envisaged that by implementing a planned programme of transformation, this would not only improve the wellbeing of individuals requiring care and support, but would also deliver significant savings within the context of reducing Council budgets. Savings in excess of £8M have been delivered to date, primarily through implementing the following initiatives:

**Asset-based approach to social work**

This has involved moving away from a “deficit” based ‘assessment for services’ model to one that focuses upon 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.

### **Direct Payments**

A direct payment provides choice and control to individuals in planning and purchasing their own care and support. Careful budgeting and planning by individuals in receipt of direct payments has resulted in lower expenditure on care and support costs for the Council.

### **Review Team**

A multi-disciplinary review team was established in 2016. This ensured that care packages were reviewed and adjusted as necessary and individuals supported to increase independence within the home.

### **Continuing Health Care**

The Council is working with East Berkshire CCG to take on the individual commissioning of CHC packages of care. This will enable better market oversight and management across East Berkshire, aligning with purchasing practice in Adult Social Care. Collaborative working between the Council and the CCG has taken place to ensure that CHC packages of care are appropriately funded.

### **Integrated Care Decision Making**

The Integrated Care Decision Making (ICDM) programme is part of the Frimley Integrated Care System (ICS) and comprises four 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. Progress against projects is outlined below.

a) **Hospital In-reach (Home First)**

Following the learning from a pilot scheme established in 2018, a wider system approach was adopted to developing a discharge to assess process which has included the introduction of a Discharge Passport for people being transferred back to the community. This has been operational for a year and has been working well with positive outcomes for reducing delays and beds days spent in hospital.

b) **Anticipatory Care Planning**

Anticipatory Care Planning has been rolled out across all GP practices in the ICS and is successfully working to identify people who are frail and high users of primary care and hospital admission. This is now being embedded as business as usual and forms part of the new contracts between NHSE and GP practices.

c) **Community Multi-disciplinary Teams (MDTs)**

This is known locally as the 'cluster' meetings where cases are brought for discussion by a multidisciplinary team for integrated care planning and support. Better Care Fund has supported recruitment to additional posts to support and manage the process and additional case loads. This has now

become business as usual and is proving effective at reducing duplication and having a joint response.

**d) Local Access Points**

A project team is working to establish this MDT triage service locally in Slough and is due to launch at the end of January.

**Early Intervention – ‘Make Every Contact Count’**

MECC is an approach to behaviour that uses day to day interactions between professionals and other individuals to support them in making positive change to their physical and mental wellbeing. This usually takes the form of opportunistic conversations to deliver healthy lifestyle messages.

MECC training was delivered in 2018-19 to over 200 staff, including 50% of library staff who have built MECC into their interaction with customers, appraisals and supervision processes. MECC has now transferred to Public Health where it has traditionally sat.

**Co-production Network**

A co-production network was established in Spring 2019 and is made up of local people with experience of health and social care services and professionals from Slough Borough Council Adult Social Care, Healthwatch and East Berkshire CCG. The Network meets on a bi-monthly basis and co-production is becoming embedded into our commissioning practice. Network members have been involved in a number of projects, including:

- Designing a new framework with Healthwatch for enter and view visits to care homes.
- Developing a new floating support service and selecting a new provider.
- Contributing towards the development of the Housing Strategy
- Successfully bidding to use the Open Doors shop on the high st for a monthly community forum.

The Network will also be involved in refreshing the Carers Strategy, reviewing the voluntary and community sector offer and commissioning a range of services within adult social care.

**Adult Social Care –Improvement Programme**

- 5.2** The government has nationally committed an additional £1bn funding for adults’ and children’s social care each year until 2024. Details of how the funding will be allocated has not yet been released. The long term funding for Adult Social Care remains uncertain, with cross-party talks to be initiated between now and the end of March 2020.

As at period 10 2019/20 Adult Social Care is projecting an overspend of approximately £1m. This stems from a number of factors:

- a) People staying longer in care homes
- b) Increasing levels and complexity of need especially for people already known to social care
- c) Provider inflation and price rate increases

#### d) National minimum living wage obligations

The Adult Social Care Improvement Programme will deliver the necessary reduction in spending during 2020/21 by continuing with current initiatives. It will also progress a suite of projects which by improving practice in particular areas will address the shortfall in funding.

### **Digital and Assistive Technology**

This project will involve drawing upon innovative and emerging technology to support individuals to remain independent within their own homes for longer. Technology can be used to support individuals in a range of ways, including: helping people to maintain eating and drinking habits; helping people with reduced mobility or cognitive impairments to control heating and lighting through voice activation, as well as providing prompts for people to take medication. Assistive technology can also enable family members to unobtrusively monitor relatives if they are living at a distance from them and ensure that their needs are being met.

### **Create a Peripatetic Team**

It is intended that the creation of an Adult Social Care peripatetic team will reduce the reliance upon agency staff to fill vacancies.

### **Disabled Facilities Grant**

We will consider alternative models for managing the Disabled Facilities Grant to ensure greater reach and to support individuals to remain in their homes for longer. This will link across to the Digital and Assistive Technology offer.

### **Improve Access Contact and ASC Pathway**

This project will support enhanced early intervention and prevention by improving initial contact with adult social care and ensuring easier access to the right team at the right time.

### **Remodelling provider services**

This project involves reviewing the current offer with a view to delivering services to best meet current need.

### **Improving brokerage function**

Ensure that all placements are made by the brokerage function in order to get the best quality provision at the best price.

### **Consolidation of teams**

Teams will be consolidated where appropriate in order to deliver services more effectively and efficiently.

6. **Comments of Other Committees**

The comments from this report will be forwarded to the Health Scrutiny Panel for consideration and forward planning in 2020.

7. **Conclusion**

Long term funding uncertainties continue for Adult Social Care, with a need to further implement practice improvements in a number of areas outlined above.

Short term funding provides partial relief, but the continued growth in demand, people staying longer in care homes and the increasing complexity of the people that we support, staff are required to continually innovate and deliver practice improvements, 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, 11 April 2019