

Cabinet Member
Health and Wellbeing

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By Email Only
Brian Roberts
Chair
HASC

C/o Liz Wheaton

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LH/fams

Dear Brian,

Re: Response to Health and Adult Social Care Select Committee on the Adult Social Care update 24th July 2018

Thank you for your comments and queries on the Transformation update at the Health and Adult Social Care Select Committee 24th July 2018 and our responses are below:

- 1. On the performance and governance of the Transformation project, the Committee referred to the recent Adult Social Care six month update report provided to Cabinet. A comment was made around providing more specific and informative detail in future updates, including evidence of improved outcomes and delivery timeframes. Please could you confirm when the next update is due to be**

The next update will be presented at the Cabinet meeting on 10th December 2018 and will provide fuller information on the progress of the adult social care Transformation Programme. There is also a Member Briefing planned for the New Year in which I will be able to answer more detailed questions about the Transformation Programme.

- 2. At future Select Committee meetings, the Committee would like to see more detail around the depth of the changes being made and more emphasis on outcomes, including the impact of the changes on the tiers demonstrating the differences in the way the service is now delivered compared to the "old" way**

I can confirm that future updates will provide more detail about the changes and emerging impact. The outcomes framework which is being developed will be of particular value as it will include a range of measures which have been selected and developed to illustrate the impact of the Transformation Programme. It is important to appreciate that transformational changes may take some years to fully mature.



3. The Committee would like to have more information on the ICS user engagement group, including the terms of reference for the group

The proposal for the ICS user engagement group and its terms of reference were agreed by the ICS Executive on 18th July 2018. The paper considered by the ICS Executive is attached. One of the key points consistently made by user and carer groups is to be more joined up in our engagement activity and avoid duplication - it is intended that this proposal will assist in that regard.

HealthWatch Bucks has agreed to chair the group and work is taking place to recruit members and get the group underway.

Implementation and ongoing support is being provided by the County Council's Assistant Head of Communications, who is also the Communications lead for Adult Social Care, Buckinghamshire Clinical Commissioning Group and the Buckinghamshire Integrated Care System.

The name of the group is currently 'Getting Buckinghamshire Involved in Health and Care Steering Group' although I am sure that a snappier name will develop in due course.

4. Evidence of listening to the voice of the service user and carers and how this feedback has been used to shape service improvements

Adult social care recognises the importance of user voices in shaping services and convenes a number of user Boards. The Council commissions support for the Boards and for support to enable users to shape the agendas, attend and participate in the meetings. In addition, adult social care engages directly with services users and their carers and representative bodies on a project by project basis.

One of the consistent themes is that we need to be more joined up both within the Council and with other service providers and this is a key theme within the Transformation Programme; for example, major improvements to how we support young people transitioning from Children's Services into Adult Social Care and the integration of our reablement and short term intervention services with Health.

Equally important as being involved in shaping improvements is testing out with users whether the subsequent changes deliver the desired improvement. An example is how we are doing this is with our reablement project.

HealthWatch Bucks has agreed to undertake some qualitative user engagement in the autumn with a cohort of people who have been through the newly designed reablement service to test the effect of the changes that have been made and identify any further improvements that can be made.

5. The slide in the presentation highlighting the new social care contacts and established client base shows percentages for "now" and "in the future". The Committee would like to see the raw data behind these percentages in order to understand the proposed shifts in the different tiers in terms of actual numbers of clients

The 2016/17 data was based upon the number of new ASC contacts to the contact centre and referrals into the reablement service.

	2016/17		2017/18		2018/19 Q1		Target “to be” numbers based upon 17/18	Target “to be” %
Living Independently	9,240	59%	8922	52%	2,964	54%	11,949	70%
Regaining Independence	1,723	11%	2976	17%	1,102	20%	3,414	20%
Living with Support	4,698	30%	5172	30%	1,417	26%	1,707	10%
Total new contacts	15,661		17,070		5,483		17,070	

In 2017 issues with the definitions used and data capture were identified, which have since resolved. For this reason, for new contacts and referrals, we will be using 2017/18 figures as the baseline.

With respect to reablement, success of the new approach will be measured by the number of people leaving the service with an improved and sustainable level of independence. This will be a focus of the detailed reporting in the future.

6. The Committee would like to invite the newly appointed joint IT Director to attend of the October HASC meeting - just an introductory meeting at this stage as the Committee appreciates that she will be new to the role

Balvinder Heran has been appointed Joint Strategic Director of Information Assets and Digital Development by the County Council, Buckinghamshire Healthcare NHS Trust (BHT) and NHS Buckinghamshire Clinical Commissioning Group. An appointment has been made in her diary for the HASC meeting.

7. In terms of the integrated short term intervention service, the Committee would like to seek reassurance that any customer feedback is used to improve delivery and is embedded in the service

Customer feedback is already collected in the current service and is being built into the design of the new integrated service.

With respect to the reablement project (phase 1 of the integrated short term intervention service), as referenced above HealthWatch Bucks has agreed to undertake some qualitative user engagement in the autumn with a cohort of people who have been through the newly designed reablement service to test the effect of the changes that have been made and identify any further improvements that can be made.

8. The Committee would like more detail around the Assistive Technology service, including how technology is being used to continually improve what is available and how other innovations are being developed, the costs associated with this, the number of clients using the service and details on how future demand will be met.

In 2016/17, the Council redesigned and relaunched its Assistive Technology service to ensure continued sustainability, accelerate take-up of the services and deliver a measurable reduction in the cost of care:



- The number of referrals from Health and Social Care professionals has increased by 70% from around 20 per week in April 2017 to over 36 a week in June 2018.
- Currently 8,338 people receive assistive technology services from the Council; an increase of 25% (1,679 people) since April 2017.

The aim for the first full year of the project (2017/18) was to achieve break-even. However, the project actually delivered an in-year benefit of £1.55m.

This benefit has been calculated on the avoided/reduced cost to the Council less the cost of the assistive technology. For example, the home care cost for two 15 minute calls per day costs £458 per year, with the assistive technology enabled alternative costing £140 (one off) and £18.25 per year, providing a saving of £300 in the first year and £440 each year thereafter.

One of the significant benefits, both for users and for the Council, can be in delaying or avoiding the need for an individual to move into residential care.

In addition to the wellbeing aspect, given that many users fund part or all of their residential care, this also has a financial benefit to the user.

During 2017/18, we trialled some new technologies.

These included:

- Building virtual environments using a range of different sensors that monitor the clients' activity enabling carers to respond proportionately to any emerging needs
- Simple video conferencing systems to enable clients to remotely access classes and social groups with the aim of reducing social isolation
- Various systems to help manage night-time needs specifically in the supported living environment, reducing the need for sleep-in night support.

Over the next 12 months, our key priorities will be:

- Doing more of the same, but better: embedding the use of assistive technology in the assessment process and increasing the proportion of installations that lead to a measurable benefit for the Council and partners
- Increasing the number of referrals: in 2018/19 we will train 500 professionals and volunteers to increase the number and quality of referrals
- Identifying new opportunities to deliver assistive technology to improve services, increase independence etc.
- Developing our offer for self-funders (or their carers) to enable them to benefit from assistive technology
- Exploring the potential benefit of collaboration with Amazon and its Alexa system (facilitated by the Local Government and Integrated Care Team).

In terms of meeting future demand, we will be able to step up capacity in the service as we continue to generate increasing numbers of referrals as well as introduce new technologies to expand the choice available.

We are also preparing a Market Position Statement for Technology (integrated with Health) – this will communicate the direction of travel by commissioners to current and potential providers as well as the approaches providers can take to support residents in avoiding over-reliance on formal health and social care support.

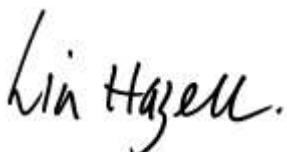
- 9. The Committee continues to have concerns around Transitions and would like to receive regular updates on the development of the proposed 14-25 service as well as evidence that planning is starting earlier in the process.**

Information on Transitions will be included in future Transformation updates to the Committee. In addition, HASC has a specific item on Preparing for Adulthood (the Transformation transitions project) at its meeting on 20th November 2018.

- 10. Unfortunately I didn't have an opportunity to ask this at the meeting but please could you let me know how the work of the Quality in Care team fits into the new tiered approach as the Committee responded to their recent annual report.**

The function delivered through the Quality in Care Team supports outcomes of Tier 3 'Living with Support'. Living with Support focusses on the capacity, capacity and choice of services for people who need on-going support, whether directly commissioned by the Council or through other agencies.

Yours sincerely



**Lin Hazell
Cabinet Member for Health and Wellbeing**

Encs:

Getting Buckinghamshire involved in Health and Care Steering Group

