



Swindon Borough Council

## **Adult Social Care Strategy**

**2018-2022**

***Our vision is for that everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities*** *(Joint Health and Wellbeing Strategy 2017-2022)*

**April 2018**

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# 1. Introduction

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Swindon Borough Council is committed to ensuring that people with care and support needs are able to live as independently as possible and enjoy safe and fulfilling lives as outlined in priority 4 of our 2016-2020 Plan 'Vision for Swindon: How are we going to get there?'. The two pledges relating to this priority are:

Pledge 26: Working with the Clinical Commissioning Group (CCG) and GP surgeries to help people with long term health and social care needs to manage their health effectively with support from community groups and multidisciplinary teams.

Pledge 27: Ensuring that more people and their carers are supported to live as independently as possible and reducing the length of time people need to spend in residential care.

The Adult Social Care strategy also supports Swindon's vision that everyone lives a safe, fulfilling and independent life and is supported by thriving and connected communities as outlined in the Health and Wellbeing Strategy. Four of the five priority outcomes for action that are set out in the Health and Wellbeing Strategy relate to this strategy:

Priority 2: Adults and older people in Swindon are living healthier and more independent lives

Priority 3: Improved health outcomes for disadvantaged and vulnerable communities, (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems, offenders).

Priority 4: Improved mental health, wellbeing and resilience of all.

Priority 5: Creation of sustainable environments in which communities can flourish.

There is recognition across the partnership that Swindon currently faces a number of key challenges:

- An increasing cohort of children and young people who are transitioning from children services to adult services with pre-existing conditions
- An aging population
- A growing burden of lifestyle related ill-health, particularly due to physical inactivity, obesity, alcohol and smoking
- A growing need for savings across public sector finances, including health and social care services
- Significantly poorer health in our most disadvantaged communities

Adult social care provides support in a variety of ways to people living in Swindon who have the highest level of need, for example those with a disability or a long-term illness, older people, and to unpaid carers. Social care helps people do everyday things, and safeguards people from significant harm.

This Adult Social Care Strategy describes the Council’s approach to adult social care over the next five years. It provides the context for how we will work with partners to care and support people living in Swindon who have care and support needs.

It sets out how we will:

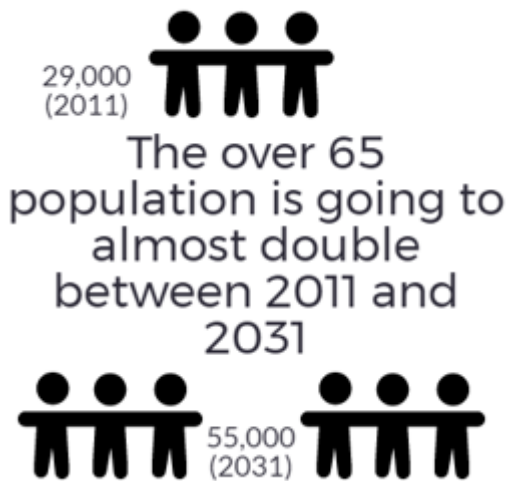
- Maximise the use of preventative and public health services to help people remain independent or regain the independence they want and value (further information on preventative and public health interventions can be found in the Health and Wellbeing Strategy: <http://www.swindonjsna.co.uk/strategy>)
- Work with partners to provide a more joined up health and social care system
- Put in place an efficient approach to delivering adult social care.
- Provide services within budget

## 2. Context

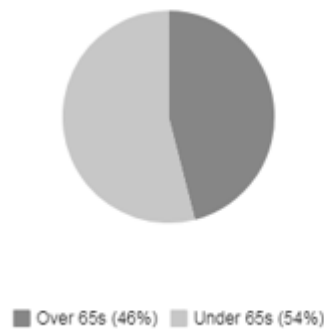
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The number of people who might need social care services in the future is expected to rise significantly. The numbers of people living with for example, dementia, learning disability or poor mental health will all increase and the rise in demand for health and social care comes at a time when funding is decreasing.

### Swindon Population is changing



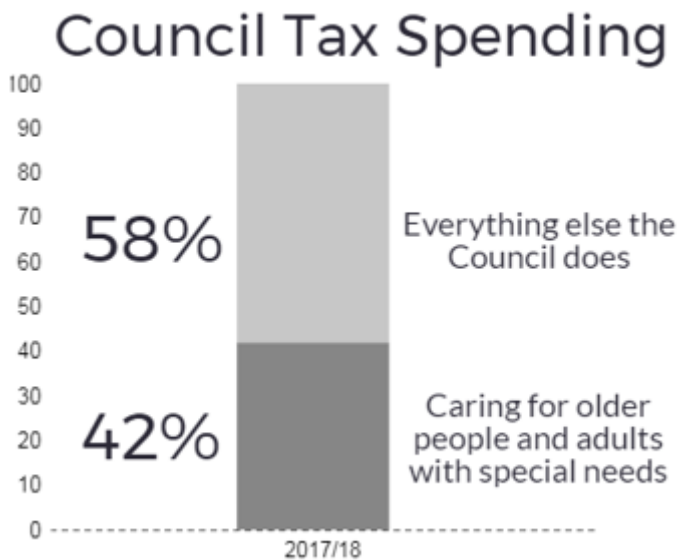
% of total population growth by age group (2011-2036)



The Care Act 2014 brought new responsibilities for local authorities, with new eligibility criteria for services, support for carers, new areas of work around information, advice, prevention, support for the care market, and safeguarding



There is a need for us to manage within our means, promoting and enabling independence. The focus on prevention is important for increasing independence and achieving better health and wellbeing for people in Swindon.



During the last 10 years the profile of the Council's budget has changed significantly, with a reducing amount being spent on universal services each year and a rising proportion being targeted at specialist services supporting vulnerable people. This trend is expected to continue.

# Adult Social Care Budget

2016/17



£60.4m

2017/18



£67.3m

During 2016/17 we faced increasing demand for adult social care services so an additional £5million has been added to the 2017/18 budget as social care continues to be a priority for the Council.

## During 2016/17 the Council .....



...had **282 people**  
aged 60 or older  
referred to



**Live Well  
Swindon**

all of whom have received a  
lifestyle intervention aimed at  
improving their  
physical and emotional health  
and wellbeing

...supported **492 people**  
aged 60 or older with one  
or more long term  
conditions through the



**Community  
Navigator  
Service**

...provided **1,225 adults**  
with short term support such as  
**reablement  
and home  
care**  
to regain



**independence**

following a hospital stay  
or to help prevent a crisis

...supported **81 older  
people**



lonely isolated

by matching them with a Volunteer  
Befriender as part of

**Swindon Circles**

...provided  
**23,000**

items of equipment  
(telecare devices,  
home alarms,  
sensors, etc)




to help  
**2,570 people**

live independently  
by adapting their  
homes by spending  
£1.1 million




...reviewed the needs of **6,700 people** to ensure we continue to meet their needs



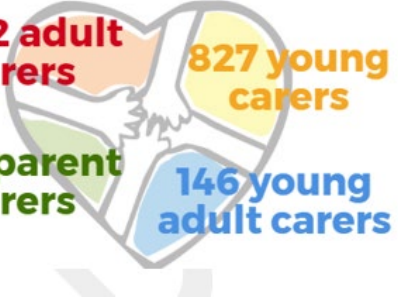
...funded **737 adults** to live in care homes

510 residential  
227 nursing care

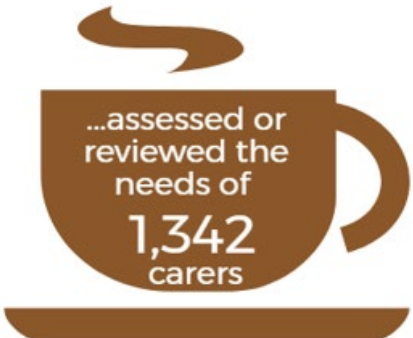


...had registered

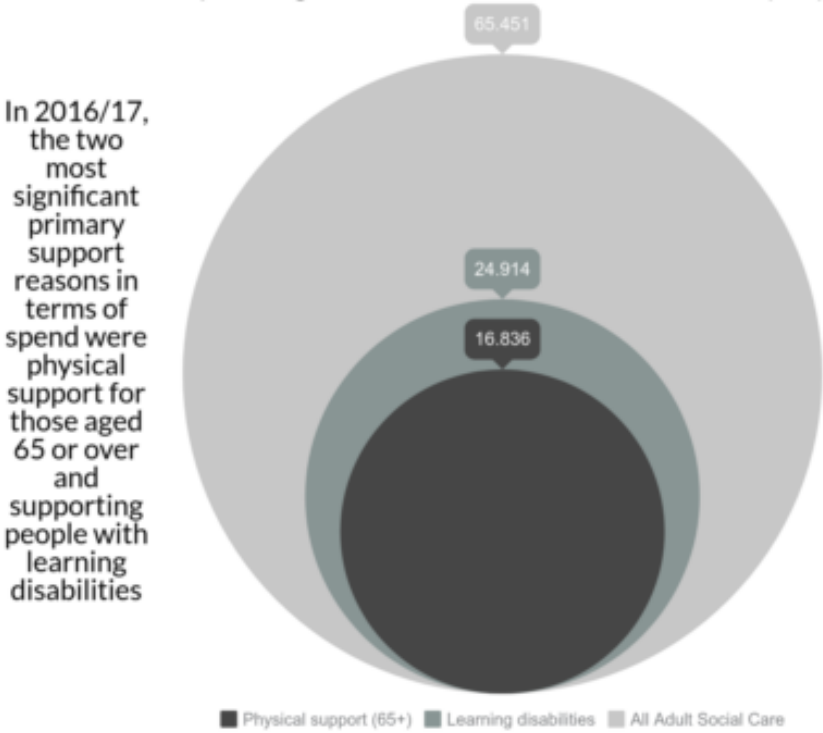
**2,322 adult carers**  
**827 young carers**  
**655 parent carers**  
**146 young adult carers**



...assessed or reviewed the needs of **1,342 carers**



Spending on Adult Social Care in 2016/17 (£m)





Read more:

- To find out more about our preventative and public health interventions , please read Swindon’s Health and Wellbeing Strategy:  
<http://www.swindonjsna.co.uk/strategy>
- To find out more about the evidence base, please read the ‘Joint Strategic Needs Assessment’ <http://www.swindonjsna.co.uk/summaries>
- To find out more about how we are working collaboratively across Swindon’s health and social care system please read our Better Care Fund Plan 2017/19  
<http://www.swindonjsna.co.uk/Files/Files/BCF/Integration and Better Care Fund Narrative Plan Template 11 9 2017 final.pdf>
- To find out more about our strategic commissioning plans please read our Market Position Statement  
<http://www.swindonjsna.co.uk/Files/Files/BCF/Appendix 2 Market Position Statement draft - Final 17 - 18.pdf>

### 3. Our vision for adult social care in Swindon

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Our focus is on promoting, maintaining and enhancing people’s independence in their communities, so that they are healthier, stronger, more resilient and less reliant on formal social care services.

*Vision: Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities*

There is growing understanding that councils cannot do many of the things that have been done previously. We want to focus on what we can do, what our partners and communities can do, and what individuals can do. We believe that people know best how to meet their own needs, and we will support people to do that. We are committed to co-designing services with users, carers and Swindon residents to ensure they are responsive and effective in meeting current and emerging needs.

<b>The Council will.....</b>	<b>Benefits to you &amp; your family.....</b>
Ensure that everyone has access to information and advice which supports their wellbeing. Increasingly this will be online information, and telephone advice supported by trained customer service staff.	Information will be more responsive, up to date and tailored to your individual requirements. Information will be available for you and your family to assess your own needs, clarify eligibility for services, and help you understand the financial

	consequences of the decisions you make. This will help you and your family to think ahead and plan for the future
Provide a wide range of information on services which may support people outside of the statutory social care services.	This will enable you and your family to access a range of preventative local services which will help keep you and family members healthy and well.
Work with local communities and other providers of health and care services to develop local, community-based support	This will help you and your family members to stay independent and safe
Work with partners to identify people who may be at risk of needing help in the future and for whom support in the short-term may prevent longer term needs developing. This will include working with colleagues in health services to ensure people's needs are diagnosed early, their care needs identified, and wherever possible people are enabled to manage their own care.	When you or your family experience a crisis in your lives, rather than intervening to remove you or a family member from the crisis, we will work with you to manage the crisis, help you and your family member to become more resilient and develop skills to deal with issues in the future.
Make it as easy as possible to access support when you or your family need it. You will be able to get the help, advice and the support you need online, by phone, through clinic appointments or where required through pre-scheduled home visits. When you first contact us we will ensure that our support conversations enable people to access both community and family resources, as well as, where relevant, paid-for services, to maximise your independence and achieve the things that matter to you.	This will help you and your family to be more resilient and to take control of your lives. It will also reduce the risk of you or a family member becoming isolated and help provide more cost-effective care.
Work with partners, sharing information, and joining up services to avoid duplication wherever possible and understand the health and care needs of you and your family.	You and your family will experience better joint working between health and social care
To deliver services which will enable you and your family to gain or regain skills to help you live independently and recover from an illness. We will do this in an unobtrusive and least restrictive manner as possible. This means that we will support people in the short term whilst expecting that wherever possible people will support themselves in the longer term. For most people, long term support from the local authority will be the exception	You and your family will have the right support to assist you to build on current strengths and to develop your abilities to look after yourselves without creating dependency on council support.

rather than the rule. We will provide ‘just enough’ support to assist people to build on their current strengths and develop their abilities to look after themselves without creating dependency on council support.	
Seek to use equipment and technology to provide less intrusive and more costs-effective care.	Where possible you will be assisted by equipment and technology to stay living at home, with your family and friends around to provide social and emotional support.

Our starting point will be entering into conversations with people who seek support building on strengths and what people can do and how communities, families and friends can help.

We recognise that for some people, social care services are required for longer to enable them to live fulfilling lives. Where people need ongoing support, where possible we will share this responsibility with the individual, their families and their communities. We will try to meet people’s needs in a personalised way which delivers the outcomes that people seek.

However, in delivering and commissioning services we want to achieve the best value and most cost-effective means of delivering high quality care. This is important, not just because local authorities are receiving less funding from government to provide care, but also because the vast majority of people using support services contribute to the cost, and many Swindon residents fund their own care. Everyone should expect that the services they are buying or receiving represent the best possible value. We will actively engage users and carers in designing, implementing and monitoring commissioned services.

Working with providers of care, we will constantly review people’s care arrangements to ensure their outcomes are being met in a cost-effective way.

We recognise that for some people there is an enhanced risk to their personal safety because of their particular disabilities or frailties, or due to wider issues in society. We will work with people to enable them to understand and manage risks appropriately, whilst also providing arrangements to safeguard people from significant harm. Our response to concerns about people’s safety will be proportionate, flexible and personal and will always be based upon the individual’s wishes and feelings alongside the best interests of the wider community.

Our work in adult social care will be underpinned by the following set of principles:

- Sharing learning and building on evidence based practice
- Listening and incorporating the voice of the residents and carers about what works
- Making decisions based on evidence, data and intelligence
- Delivering within budget

## 4. How we plan to achieve our vision

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To meet our obligations within the Care Act 2014 and to manage our key challenges in rising demand and ongoing budget pressures, we have developed a model of care and support with three levels. It is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and to maximise people's independence.

- Provide Early Help and prevention enabling people to live more independently (more detail on the preventative and public health interventions are outlined in Swindon's Health and Wellbeing Strategy)
- Delay or avoid the need for more long term and higher cost care and support
- Direct people to local community options and solutions which are responsive to their needs and achieve good outcomes

### 1. Helping you to help yourself

*Principle: Listen and connect - Accessible, friendly, quick, information, advice and advocacy, universal services for the whole community, prevention*



#### What is needed?

- people know how to find information
- information is clear and easy to understand
- people know about their rights the duties of the LA to fulfil them
- people know about both paid and unpaid services
- people understand what might happen to them and when it might happen
- people experience a seamless service between health, social care and other community based services

#### How are we going to do it?

- Have an easily accessible digital information service supported by an online self-assessment processes which enable people to identify their own solutions, where appropriate, without needing to contact the council or other services
- Swindon will have an integrated approach with the NHS, particularly with primary and community care through the Integrated Health and Care Board, to keep people living independently
- Where possible, residents in Swindon will be supported to maintain their own health and wellbeing, and engage with the resources in their own community, with the right information, advice, and tools to do so
- Residents in Swindon will be enabled and supported to think about their own futures, and plan ahead in case they or their family members need support

#### What do we aim to achieve

- An information, advice and guidance offer that takes a whole system approach and includes all areas of the council and health where relevant

- Initiatives available in the community and voluntary sector which help people to stay independent
- Universal Services are promoted and easily accessed - these are services (sometimes also referred to as mainstream services) that are routinely available to everyone.
- Working with our partners so that advice and information is aimed at the whole person.

### **What are the benefits?**

- 75% of people who make contact with adult social for help are supported in the community
- 90% of people report it is easy to find information about services

### **2. Helping you when you need it**

*Principle: Work intensively with people in a crisis - Immediate help, minimal delays, no presumption about long-term support, goal focussed*



### **What is needed?**

- Reablement and enablement services offered to those users of services in a crisis or to support recovery who will benefit from it to increase their independence and regain skills
- For people to be able to access services timely to avoid crisis and preventing hospital admissions or moving to residential care too early
- Supporting patients to leave hospital, preventing delay and wherever possible for patients to return home

### **How are we going to do it?**

- Ensure health and social care staff are supported to take managed risks
- When people reach, or are close to, a point of crisis, they will be able to access timely short term support to enable them to regain their independence after the crisis has passed such as reablement
- Offer swift and appropriate support to those people who need extra support for a period of time so they regain their independence
- Where appropriate, promote the use of assistive technology to support people to maintain independence

### **What do we aim to achieve**

- Short term packages of care are outcome focused with clear end dates to enable people to return to independence
- Reviews of short term packages of care and support are timely and agreed with the individual
- People know what is happening, when it is happening, and how they can plan for their own future
- Where possible, deliver a new approach that supports people to take responsibility for their own health

## What are the benefits?

- 70% of people who are assessed as having care needs will be offered a short term recovery/reablement service
- 85% of people no longer need care after receiving short term recovery/reablement
- 90% of people are still living at home 91 days after completing their short-term recovery/reablement
- Fewer patients having to stay in hospital when they are medically fit to go because they are for social care to either complete an assessment, arrange a care package, organise a care home placement, or install equipment to assist them at home
- Fewer people will need to move to residential and nursing care

### 3. Helping you to live your Life – ongoing support for those who need it

*Principle: Build a good life- Self- directed, personal budgets, choice and control, highly personalised*



## What is needed?

- To adopt an approach that builds on strength and independence
- For people who use our services and carers to be well informed so they are clear about what will happen to them
- For reviews to be completed in a timely manner so when people's circumstances change their package of care can be changed to meet their needs
- To deliver a model of care and support that is based on maximising independence and achieving good outcomes for people

## How are we going to do it?

- People in Swindon with the greatest needs are enabled to access the right support to meet the outcomes that are important to them, to help them live their life in the way in which they want
- People are able to access a wide range of support options to achieve what they want to in life – including community based support, friends and family, supported employment, and where relevant, appropriate paid for packages of care
- Work together in an integrated way across social care and health to manage people's needs, with the most appropriate practitioner co-ordinating care and support

## What do we aim to achieve

- People are accessing both community and family resources, as well as paid for services where relevant, to maximise their independence and achieve the outcomes that matter to them
- Full assessment of care and support needs are undertaken in a way that puts the individual at the heart of their care
- Health and social care colleagues work effectively to maximise people's independence

### **What are the benefits?**

- More adults with a learning disability will be offered a programme to assist them achieve a higher level of independence
- More adults who have a newly acquired disability will be offered an assessment to help them maximise their opportunities for independent living
- More adults recovering from mental ill-health will have a programme to support their long term recovery which includes helping to both self-manage their symptoms and includes peer-support
- There will be a higher proportion of people receiving longer term care whose needs will have decreased since their initial assessment or latest review
- More people with disabilities will be in paid employment
- More people with disabilities will be supported to live independently

## **5. Key activities to deliver our strategy**

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### **Workforce**

Our staff must have the skills, knowledge and competencies to effectively deliver the three tier approach to support. Our Adult Social Care Workforce Development Strategy ensures staff are focused on prevention and enabling, and adopt a person centred, outcome focused approach which empowers people who need care and support. Our social care workforce will be caring and kind, and have a positive 'can do' approach to risk. They will be resilient, innovative, and ambitious and will be supported to develop the skills they need to respond effectively to any new challenges as and when they arise.

We will:

- Develop our staff to ensure that people have the right skills and knowledge and the right tools available to deliver the Swindon three tier approach to support.
- Acknowledge the importance of the support, management, working environment and wellbeing of staff.
- Support staff to work collaboratively with partners in health and the community; and to understand each other's roles

### **Safeguarding adults**

Local authorities have a statutory duty under the provisions of the Care Act 2014 to lead a multi-agency, local adult safeguarding system that seeks to prevent the abuse and neglect of adults at risk, and stop it quickly when it happens. Swindon Council will continue to enact this duty through the Swindon Safeguarding Adults Board working closely with the Police, Clinical Commissioning Group (CCG) and other partners to reduce harm to adults at risk in Swindon. Adults who need additional support and/or are subject to the Mental Capacity Act 2005 will be supported through advocacy and legal services.

### **Collaboration**

Swindon has a long and well established history of joint commissioning and integrated working for health and social care. Our 2017/19 Better Care Fund Plan (BCF) continues to progress our joint working and endorses a shared responsibility for the current pressures across Swindon's health and social care system. It presents a joined up vision

for all partners working with individuals, carers and local communities to transform the quality of care provided and improve levels of health and wellbeing for people living in Swindon.

We will:

- Explain and promote understanding about what adult social care does and its role and contribution within the wider community, health and social care system.
- Work together across the Council and with partners in health and the voluntary and community sector to prevent the need for care services, and promoting and supporting the focus on strengths and assets of each individual.

## **Technology**

Technology is used as part of a range of services to help people maintain independence. With the increasing use of Assisted Living Technology staff need to be more aware of what types of Assisted Living Technology is available and how it can be used. Just as technology has become part of everyday life, the use of Assisted Living Technology has also become more acceptable and established to support people with care needs.

We will:

- Maximise the use of assistive technology where appropriate to promote independent living.
- Provide mobile digital technology, supported by training, to staff to enable more effective working.

## **Strategic commissioning**

A focus on high quality commissioning using evidence, local knowledge, skills and resources to best effect are key to embedding our three tier approach to care and support. This means working in partnership across the health and social care system to promote health and wellbeing and prevent, as far as possible, the need for health and social care. Our Market Position Statement describes how we will ensure the care and support market is stable whilst meeting the needs of people with care and support needs and their carers, offering a quality, value for money service by:

- Gathering and using good information about the needs of the Swindon population, what the market is supplying and what works.
- Engaging with service users to design, implement and monitor commissioned services to ensure they are receptive and responsive to the needs of users and carers.
- Further developing our relationship with current and potential providers to achieve a diverse and responsive market place.
- Ensuring value for money and effectiveness of services
- Continuing to maintain quality providers
- Increasing the proportion of our resources invested in prevention and early intervention year on year



## 6. How will we know it is a success?

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In five years' time we will know the three tiered approach has been successful when:

- We operate within the budget available and maintain the quality of services.
- The workforce is highly skilled, effective, productive and enjoying their jobs.
- We exploit the potential of technology for residents, carers and staff.
- Residents and carers tell us that they are able to achieve the things they want to.
- We are planning and commissioning effectively and have good relationships with providers.

## 7. Monitoring our performance

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Progress will be regularly reported to the relevant Council Committees to track performance and outcomes.

## 8. References

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- To find out more about our preventative and public health interventions , please read Swindon's Health and Wellbeing Strategy:  
<http://www.swindonjsna.co.uk/strategy>
- To find out more about the evidence base, please read the 'Joint Strategic Needs Assessment' <http://www.swindonjsna.co.uk/summaries>
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- To find out more about our strategic commissioning plans please read our Market Position Statement  
<http://www.swindonjsna.co.uk/Files/Files/BCF/Appendix 2 Market Position Statement draft - Final 17 - 18.pdf>
- To find out more about the Care Act please read  
<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>
- For more information on care and support you can visit Swindon Borough Council's care and support information and advice website  
<http://www.mycaremysupport.co.uk/>

