Committee and Date
Performance Management Scrutiny Committee
Monday 14 July 2014
10:00

Adult Social Care Transformation

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Summary

The construction and content of this report is in response to a specific request from the Chair of the Health and Social Care Scrutiny Committee, Councillor Gerald Dakin. The report delivers oversight of activity across Adult Social Care and describes the changes to the way front line services are now being delivered. It seeks to demonstrate how impacts and outcomes are being measured currently and how overall performance will be monitored and managed going forward.

Content

1. Introduction & Context
2. Presentation of Adult Social Care (ASC) activity and future demand (PowerPoint slides attached as appendix)
3. Principles underpinning the transformation of Adult Social Care
4. The new operating model - What it looks like
5. Outcome measures and performance management - How we know it's working
6. Appendices

Recommendations

It is recommended that the content of this report is noted and that the Adult Social Care Transformation Plan is subject to further review and scrutiny in December, following formal ratification of Q1 and Q2 finance reports, and the collation and analysis of wider outcome measures.

1. Introduction and Context

Demand for ASC rises each year, people are living longer and there are more people living with long term conditions, particularly dementia. There are increasing numbers of young adults in transition to adult services with complex needs.

This increased demand for services is at the same time that we are under unprecedented financial pressure with an overall reduction in the finance settlement for Shropshire. At the same time there is increased public expectation of ASC and rightly an expectation of personalised and flexible support for those who are eligible for ASC.

It should be noted that within the context of demographic pressures and increasing demand on Adult Social Care there has been no removal or reduction in the statutory obligations and legal responsibilities that are incumbent on the Council. It is recognised that the implementation of the Care Act will significantly increase the breadth and scale of these obligations and responsibilities.

In order to respond to the challenges described and whilst continuing to deliver high quality support to those in need, we will need to radically change our approach to the provision of ASC in Shropshire. If we want to maintain the level of access that we currently have for ASC we need to signal a different and smaller offer to everyone. Social care is often a vital part of enabling people to live independent lives but it is far from being the only component to enable people to live fulfilled lives. We must build and harness the contributions that communities can make to support themselves and the people living in them.

We must:

- Build a more sustainable ASC system that promotes and maintains greater independence for people which maximises the support available within local communities.
- Enable local communities to respond to the needs within them to enable them to support each other for longer so that higher level of statutory provision is available for those who need it.
- Change the relationship that adult social care has with the public and so that it fosters and promotes independence and self-management at every level.
- Ensure that we have different conversations with the public from the moment we first engage with them so that these expectations are understood, promoted and acted upon.

2. Presentation of Adult Social Care activity and future demand (PowerPoint slides attached as Appendix 1)

3. Principles underpinning the transformation of Adult Social Care

i. Reducing dependence upon paid support and enabling and maximising individual independence.

ii. The service will be responsive with quick decision making at the closest possible point to the person.

iii. Maximising the use of community resources and natural support and developing resilient communities.

iv. The local service will be determined by what that local community needs in relation to advice and information and direct intervention from adult social care.

v. Facilitating key partnerships within local communities that maximise the use of natural support and universal services.

vi. There is a focus on the use of volunteers and particularly those that have experience of using services.

vii. The service will focus upon supporting and enabling carers to continue with this vital role whilst establishing and maximising the use of peer support.

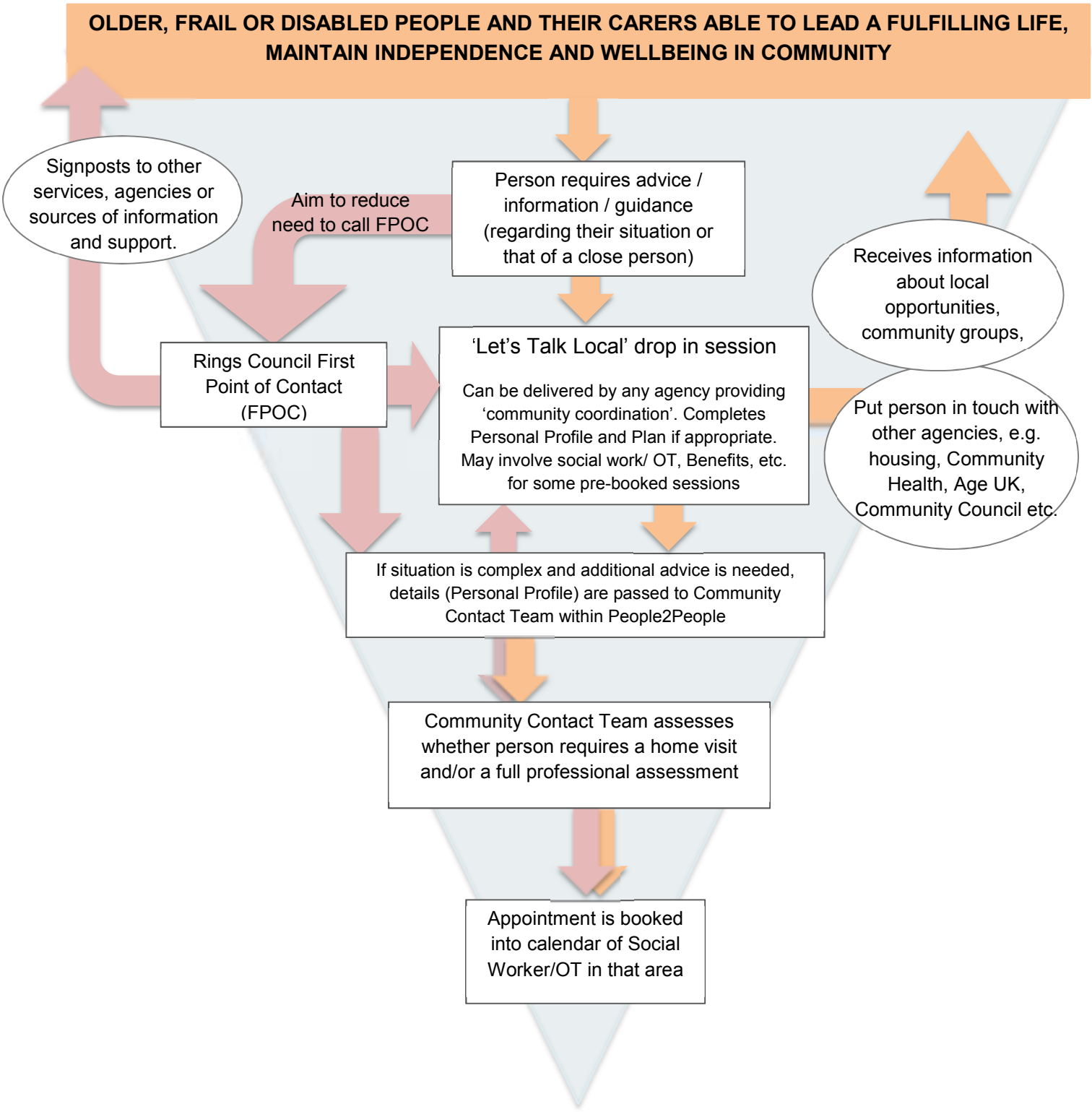
viii. Members of staff will play a key role alongside individuals who use the service in making decisions about how the service is delivered.

ix. The service will operate within locality areas, working in a mobile and flexible way.

x. Increasing the focus on professional standards and profile of social work to enable improved outcomes for individuals and give a sense of pride and ownership for the staff group.

4. The New Operating Model

The new operating model creates a pathway that essentially allows the service user/family carer to receive the information and advice upfront so that they can make informed decisions without having to go through the entire customer pathway to achieve the same goals.



The above diagram of the new customer pathway demonstrates the number of 'exit points' where people are sign posted out of the system. It is vital to monitor how many people are able to obtain advice and go on to self-help independently, and subsequently to understand how many require further support or even re-enter the system. This will support the evaluation of the effectiveness of the new ways of working and will help to ensure that people receive appropriate and proportionate services when they need them.

5. Outcome measures and performance management

It is essential that we understand the effects and impacts that the changes to Adult Social Care are having on individuals and their families or carers. In terms of sustainability, it is also vital that we understand these impacts on the organisations that make up the wider Health and Social Care economy (Voluntary and Community Sector, Private Providers, Health services and other Public sector bodies).

The measures we are using to monitor, and ultimately manage performance across the 'system' as a whole are both quantitative and qualitative. Some use existing data and recording systems, some require the collection and analysis of 'new' data (i.e. information that has not been routinely collected to date) and others are based on the 'triangulation' of information that other organisations use in order to create a more detailed picture of activity and outcomes. It should therefore be noted that currently, we are not in a position to report on all of the indicators described below.

Whilst not exhaustive, the suites of measures used are as follows:

- **Outcomes**
    - **For people (individuals & families / carers)**
        - **Responsiveness**
            - **Timeliness** (speed of initial response to enquiry, no waiting lists for appointments, full assessment within 28 days of referral (if required), overall speed of resolution).
            - **Safeguarding** (specific and critical measures relating to safeguarding alerts and responses; there are a number of (nationally reportable) operational measures, that include response times and outcomes).
            - **Effectiveness of provision of advice and information** (number of people who contact adult social care leaving the service with information and advice. The call back system ensures that everyone 'signposted' away from 'traditional' paid support is contacted within 2 weeks to check progress).
            - **Proportionate** (evidencing that not all referrals result in a 1:1 visit/assessment; measuring the utilisation of a range of community clinic-type offers available as an alternative).
            - **Where and when is most appropriate** (flexibility of service delivery to ensure that conversations can be held with people where and when is most appropriate for the individual – monitoring the use of community hubs, group sessions, 1:1 conversations at home).
            - **Delays in Transfer of Care** (specific metrics to support the speedy and effective discharge of patients from hospital to community/home-based support).

- **Increased individual resilience and independence**

- 'Safe' independence (confirming through individual case work that people are supported to be as independent and self-reliant as possible in order to live as fulfilling a life as possible – critical to this is seeking assurance that people are (and feel they are) safe and secure).
- Assistive technologies (Assistive technology always being the first offer – setting and monitoring of individual targets for teams/ workers).
- Direct Payments (increase numbers of people who are able to self-manage or control their own support).
- Reducing reliance on paid support ('different' conversations during assessment process often create more beneficial outcomes by using a 'mixed economy' of care and support. This is demonstrated by recording changes to existing care packages, the use of alternative support, and the feedback from individuals and their carers).
- Reduced use of residential care (decrease in the numbers of individuals in receipt of residential care).
- Carers (specific measures evidencing interactions and outcomes in relation to carers, from first point of contact, through to assessment and provision).
- Compliments (customer satisfaction measures from all points of contact, follow up calls, customer surveys and individual case management).
- Complaints (reduction in the number of complaints, collation of recurring issues, individual work with elected members).
- Information from partner agencies and the provider market (Regular conversations with partners and suppliers to understand, and react to, the impacts of changes that directly affect individuals and their families).

- **For organisations**

- **Financial impacts and use of resources** (measures to evidence that reduced bureaucracy enables staff to manage the volume of work more efficiently. Reduced spend across Adult Social Care Budgets).
- **Staff** (measured reduction in sickness levels and staff turnover. The use of the balance scorecard in supervision to deliver clear messages to staff about the principles of how the service is delivered, and introduces to measures to improve quality and performance – also supports reduction in operating costs and purchasing budget spend).

- **System conditions**

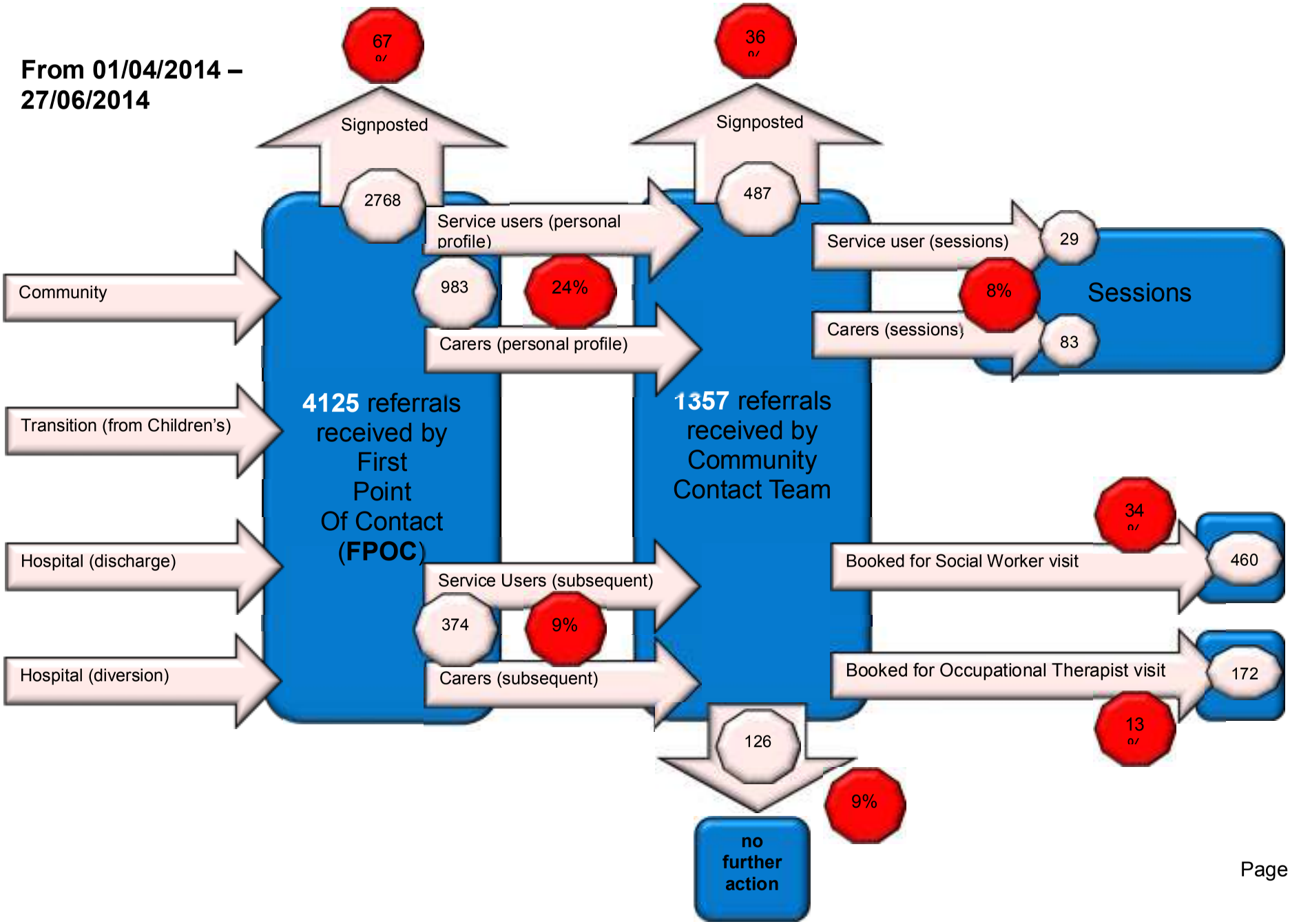
    - **Total Activity Monitor** (since the implementation of operational changes at the beginning of the new financial year, Adult Social Care have introduced a 'Total Activity Monitor' (TAM) which captures area/team activity, changes to existing care packages, new care packages and the subsequent impact on cost of both. This includes all increases, savings on care packages and cost diversions. Each area reports on this local activity each week and this will improve as more joined up systems and reporting solutions are put in place).
    - **Flow** (as part of understanding how effective the 'system' as a whole is, the volumes of people requesting advice, being assessed or receiving support will be recorded, as will the time that particular activities take and also the 'elapsed' time between activities will be measured. This will support system improvements and reduce unnecessary costs and delays).
    - **RAG Report** (progress against particular work streams that are implementing the transformation of Adult Social Care are reported though a specific redesign group, that in turns reports to a fortnightly meeting of Adult Service DMT (including the portfolio holder) that focusses exclusively on the transformation agenda. This report uses a Red, Amber, Green (RAG) report to highlight areas of progress or concern).
    - **Demand** (work is underway to collate and analyse a range of socio-economic information that will help inform where and when demand for services will be felt over the medium to long term. This information combined with data from Health partners and others will help to organise these 'combined' resources to most effectively meet the future needs of the residents of Shropshire).

How do we know the new operating model is working?

The following diagram is an outline approximation of the reporting mechanism that we have in place to understand the impacts of the new ways of working. This includes entry into the system through our First Point of Contact (FPOC), to receiving advice and information from the Community Contact Team, through to attendance of the 'Let's Talk Local' sessions which are held around the county, and finally to individual Social Worker / Occupational Therapist visit and full assessment.

The reporting system has been in development since the implementation of the model. It is being refined as more information becomes available, and as systems become more capable of reporting specific elements within the process. The Performance Team is working closely with Adult Social Care, and as we become (collectively) more proficient at integrating information, the intention is to provide direct correlation between outcome measures and the financial impacts across a number of budget areas.

From 01/04/2014 – 27/06/2014



From the diagram, here are some examples of what we can see so far in terms of the results from the new operating model:

- From the total number of calls received by First Point of Contact (FPOC), only 33% of the referrals needed to go one stage further and were referred to the Community Contact Team (CCT)
- The remaining two thirds of calls received by FPOC were signposted out to external organisations and/or given advice and information
- Of the number of referrals received by CCT, a total of 45% were signposted out of the system, again evidence of speedier resolutions and adequate provision prior to formal Community Care Assessment.
- Only 8% appear to have been booked into 'Let's Talk Local' sessions – it is likely that this reflects the fact that local sessions are currently at different stages of development, although work is underway to understand why this figure is low, and what remedial action is necessary to increase the use of these.
- **Out of a total of 4125 initial enquiries, only 632 have resulted in requests for home visits. It should be noted that previously the majority of initial enquiries would have resulted in requests for home visits.**

By monitoring this data closely we can see the effectiveness and the progression of the new operating model and be able to respond accordingly by making informed decisions quickly, using the data and intelligence that we are able to capture.

How are the changes being received?

To date, the changes have been well received by people using services and also staff members at the frontline delivering the new pathway. Those seeking simple information and advice are able to receive it in a timely manner either over the phone or by attending a face to face session. This enables staff and teams as a whole to manage their resources effectively and allowing more time and home visits for those that need that level of support.

Examples of Positive feedback:

A customer would like to thank First Point of Contact at Shropshire Council for telephoning her back to see how her sister was getting along having been signposted to Age UK. Following the advice, a volunteer was provided for her sister, who is now "back to the sister we know". This change began with the conversation.

'I generally ask my support worker [about information and advice about support, services or benefits], and if she doesn't know, she is very good at finding out for me'.

'I would not manage without my personal budget. It means I have my care when I want it and not waiting for a care company with their busy schedule'.

'I have had aids and adaptations fitted and supplied for indoor help. A wet room has been fitted which has been a godsend for me. I would like to thank everyone for the services that have been provided for me it has made my life easier'.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Lee Chapman – Portfolio Holder for Adult Services and Commissioning (South)
Local Member
Appendices Appendix 1 – PowerPoint presentation “Did you know…” (Adult Social Care activity and future demand)