


Adult Services


**Changing the way we deliver
services to achieve better
outcomes**

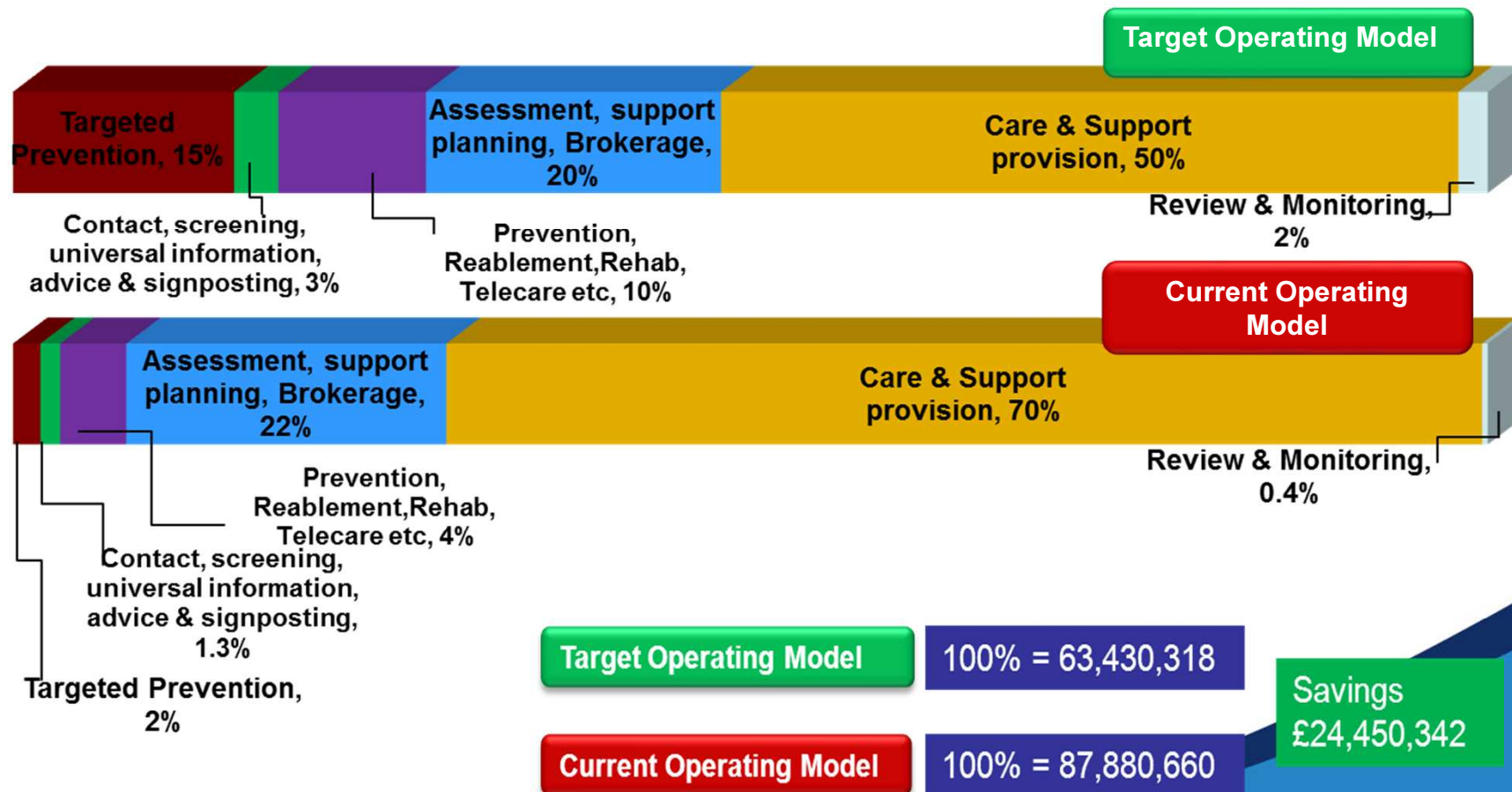


Changing the way we deliver Adult Social Care - Objectives

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- Better outcomes for people
 - Fundamental change in customer / Council relationship

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- Revised role & function – Provider to Commissioner
 - Fundamental shift in organisational behaviour

- 
- Adherence to revised budgets
 - Delivery of £25M savings from Adult Services



Statutory responsibilities



NHS and Community Care Act 1990

Carers Recognition Act

Mental Health Act

HM Government

'Fulfilling and
rewarding lives'



The strategy for adults with autism in England (2010)



Guide 33

Fair Access to Care Services (FACS):
prioritising eligibility for
care and support




**No more
secrets.
Please say something.**

Shropshire Council Operational Adult Social Care Teams



Provider of all frontline community social work and occupational therapy:
North, south and central

Integrated Community
Mental Health Teams

with South Staffordshire and Shropshire Healthcare 
NHS Foundation Trust
A Keele University Teaching Trust

Oswestry, Market Drayton,
Shrewsbury, Bridgnorth,
Ludlow

Integrated Community Services and Home from Hospital Team: covering hospital discharge and hospital avoidance work

**Adult
Safeguarding
Team**

Sensory Impairment Team, Emergency Duty Team,
Community Substance Misuse Team





New operating model is based on the following principles:

- Reducing dependence upon paid support and enabling and maximising individual independence.
- Be responsive with quick decision making at the closest possible point to the person.
- Facilitating key partnerships that maximise the use of community resources and natural support and develop resilient communities.
- Be determined on what the local community needs in relation to advice and information and direct intervention from adult social care.



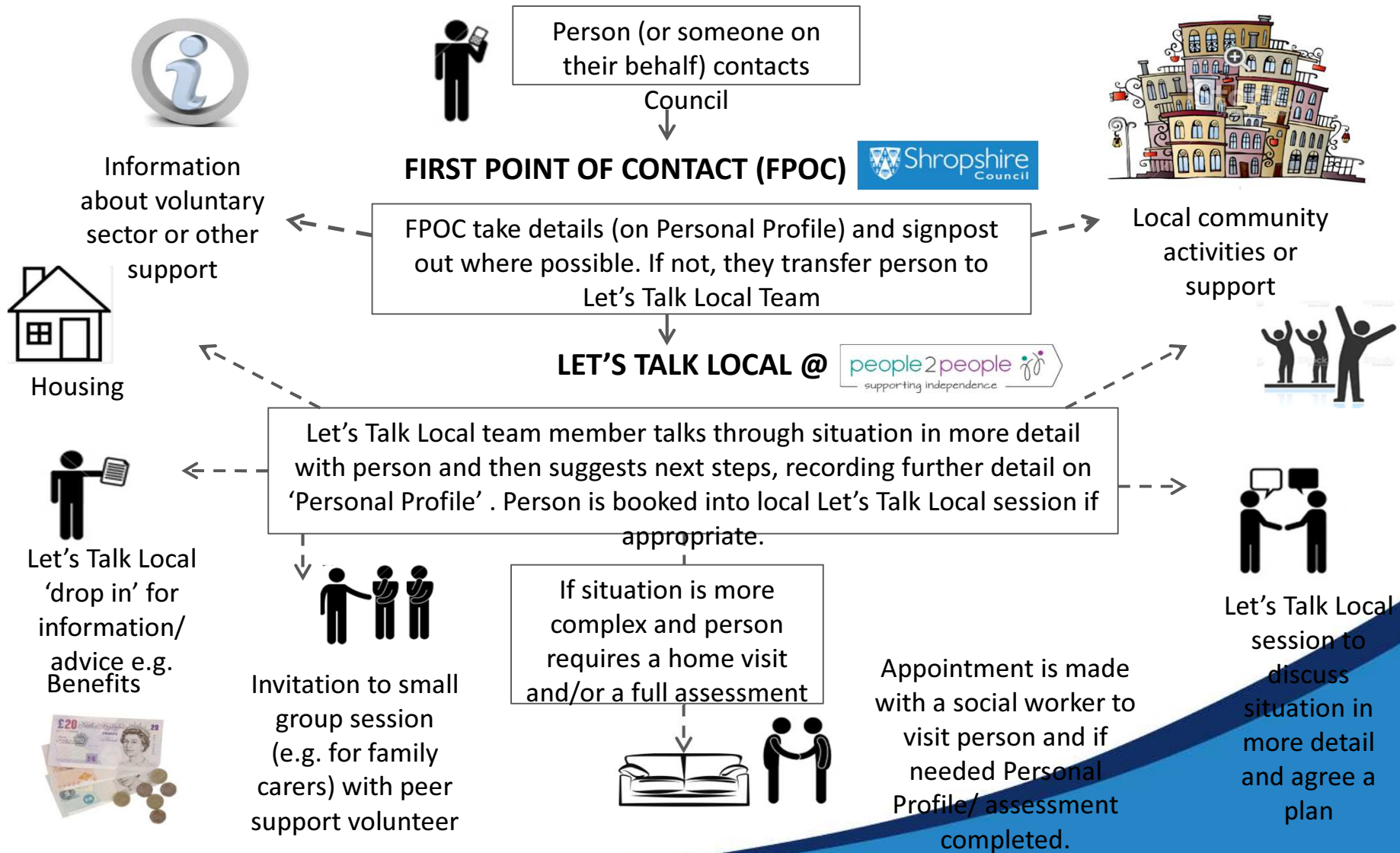
- Focus on the use of volunteers and particularly those that have lived experience of using services.
- Support and enable carers to continue with this vital role whilst establishing and maximising the use of peer support.
- Members of staff will play a key role alongside individuals who use the service in making decisions about how the service is delivered.
- Service needs to be mobile and flexibility operating within local areas.
- Focus on professional standards to enable improved outcomes for local people and give a sense of pride and ownership for the staff group.



- Specialist safeguarding team to ensure that we respond swiftly and consistently with any safeguarding referrals.
- Focussed on reducing bureaucracy for frontline staff.
- Reduced processes to increase the time staff spend with people so we can see people as soon as possible and help them resolve their situation.
- Split our service into the north, south and central areas to more efficiently and flexibly use the resources available.
- Used the learning from STEP and People2People to radically change our approach to frontline social work from 1st April 2014 delivered by
- Focussed on training staff and key partners on the new approach
Different Conversations Better Outcomes



Adult Social Care Redesign



Let's Talk Local @  people2people
supporting independence

- The conversation is based upon an **asset-based or strengths approach** that **focuses upon the individual's personal resilience and local community opportunities** that will positively contribute to the overall outcomes required.
- The approach is based upon building independence in a sustainable way and will not build any unnecessary dependence. The approach focusses wherever possible on self-management and responsibility.
- The record of the conversation will be as minimal as possible. Where a further conversation or intervention is required there are a range of options available dependent upon the presenting need.

Let's Talk Local @  people2people
supporting independence

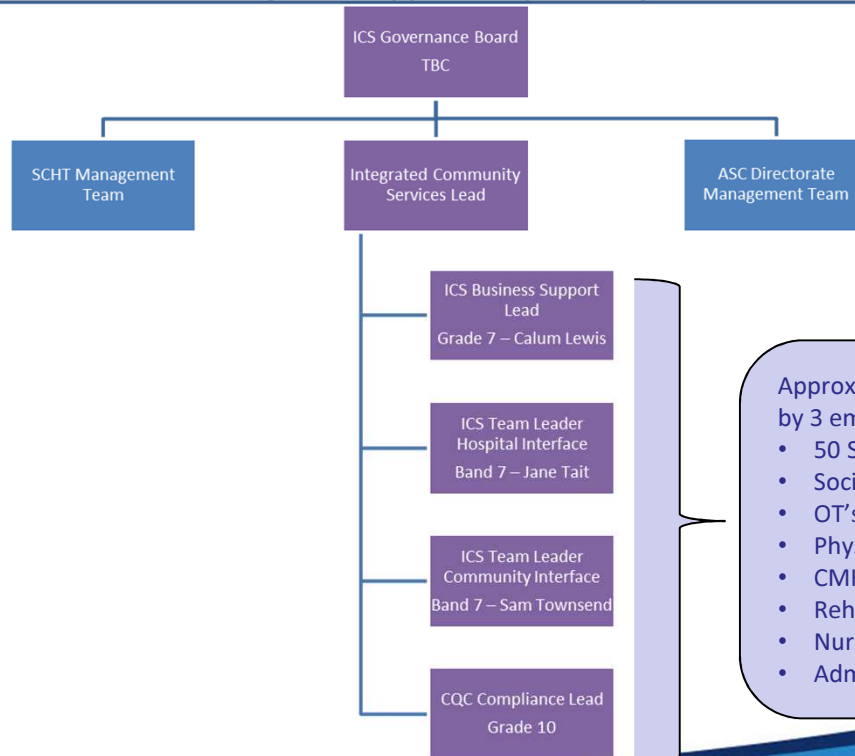
Bookable local Let's Talk Local appointment in each area:

- Social work advice,
- Key partners advice e.g. Housing support e.g. Sustain, benefits advice,
- Carers assessments,
- Peer support sessions,
- Occupational therapy advice
- Assistive technology demo's
- Public health advice and workshops
- Financial advice for self-funders
- Keeping independent for longer workshops delivered by peer supporters alongside OT.

Integrated Community Services

Integrated Community Services Structure; April – October 2014

Function:
Intermediate Care Operational delivery, ICS Programme Development and Integration Opportunity Development



Intermediate Care:

Integrated, multi-disciplinary services to promote faster recovery from an acute exacerbation of a long-term condition or a rapid deterioration in health and well-being to prevent an unnecessary acute hospital admission and premature admission to long-term residential care or to support timely discharge from a hospital and maximise independent living.

Approximately 100 staff, employed by 3 employers include:

- 50 START Staff
- Social Workers
- OT's
- Physio's
- CMHN
- Rehab Tech's
- Nurses
- Admin Staff

Urgent Care Centre

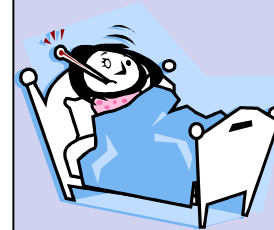
Single Assessment

Integrated Prevention

Service Statistics



On Average **500** referrals per month are received from Acute and Community Hospitals



An Average **50** referrals per month are received from people who are acutely unwell to prevent a hospital admission

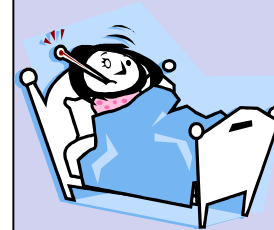


Over **1000** reablement episodes were undertaken by START in 2013/14

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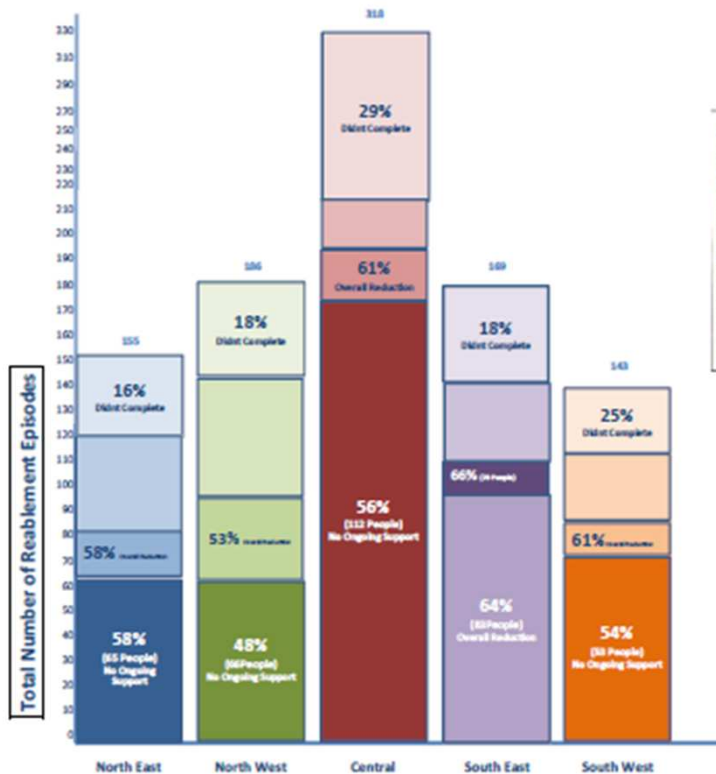
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Significant Achievements

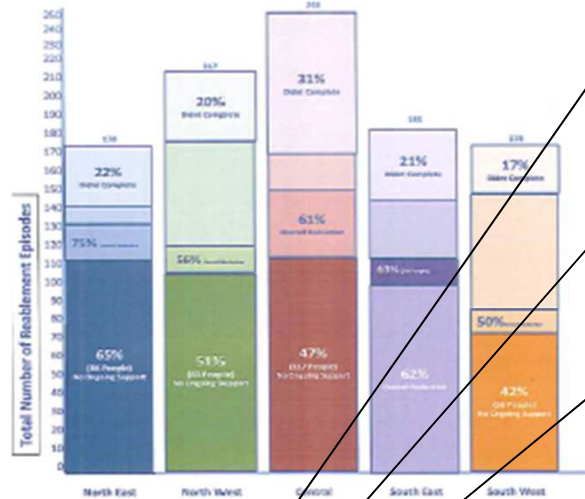
START Performance April 2013 - March 2014 (16th)



	North East	North West	Central	South East	South West
Average Length of Stay	20 Days	17 Days	16 Days	20 Days	18 Days
Average Cost per Episode	£555	£555	£324	£1,031	£1,031

	Targets 2013/14 Per Team				
Number of Reablement Episodes	180	200	250	180	2000
% Requiring no ongoing support	65%	55%	50%	60%	57%
% Of Overall reduction	75%	65%	65%	80%	60%
Average length of stay	20 Days	20 Days	20 Days	20 Days	20 Days

START Performance April 2012 - March 2013



	2011/12	12/13	13/14	14/15	15/16
Number of Reablement Episodes in Period	540	760	65	1000	971
% that require no ongoing support following Reablement	40%	55%	52%	57%	58%
% of Overall Reduction of total episodes in the period	50%	60%	60%	60%	58%
Average Length of stay in reablement	42 Days	30 Days	23 Days	20 Days	18 Days

2012/13	North East	North West	Central	South East	South West
Average Length of Stay	21 Days	17 Days	20 Days	20 Days	18 Days
Average Cost per Episode	£1,027	£555	£1,031	£1,388	£1,190

Number of reablement episodes increased from 540 in 11/12 – 1000 -13/14

% who required no ongoing support increased from 40% in 11/12 – 58% in 13/14

% overall reduction in care increased from 50% in 11/12 – 59% in 13/14

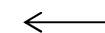
Length of stay in START reduced from 42 days in 11/12 – 18 days in 13/14

It's the small changes that will make the difference

A Care Manager submits 1 funding request per week

Which has been reduced by -

£20



Achievable (as example)
through the use of equipment,
WRVS, and other community &
voluntary organisations

The potential cumulative saving for a full year - **£27,560**

**50 Care Managers could potentially save -
£1,378,000**

£50 per week could save - £3,445,000



Indicative savings

Even a small reduction in demand could secure significant savings*

Reducing numbers of people needing statutory services

Target: 1.5% reduction in people needing community based services

1 fewer MH service users @ £23,454 per year = £23,454 savings per year

8 fewer LD service users @ £30,325 per year = £242,598 savings per year

6 fewer PD & SI service users @ £16,361 per year = £98,171 savings per year

33 fewer OP service users @ £16,032 per year = £513,008 savings per year

Reducing level of need for on-going statutory services

Target: 1.5% reduction in the average package for those requiring community based services

Average MH package reduces from £23,454 to £23,102 per year = £15,832 savings

Average LD package reduced from £30,325 to £29,870 per year = £228,800 savings

Average PD package reduced from £16,361 to £16,116 per year = £102,343 savings

Average OP package reduced from £16,032 to £15,791 per year = £503,549 savings

Challenging duration of on-going statutory services

Target: 1% reduction in admissions to residential and nursing care

7 fewer residential care admissions and 3 fewer nursing care admissions = £290,450 savings

*Estimated savings are indicative only, they do not take into account reduced income from charges, and presume full year savings. Data is sourced directly from financial records as at P6 13/14 it is therefore a mix of actual and projected annual spend at this point. It should not be compared to performance data which are compiled on a different basis.

£877,231



£850,524



£290,450



£2,018,205

Behaviour

Be accountable
Support Colleagues
Recognise, celebrate & share success
Communicate, inform & engage
Develop, encourage & motivate
Strengthen policies and ensure compliance
Follow governance & make effective decisions

Service

Service plans in place
Key Performance Measures
Timely assessment, planning appropriate intervention and outcome
Measuring engagement with partners to ensure collaborative working

Improve Safeguarding
Improve quality and outcomes
Manage risk
Reduce costs

Customer Outcomes

The user's voice in practice
Defined outcomes
Key themes from customer complaints
(How are you engaging, what are they saying, how does this impact on services?)

Workforce and L&D

Staffing numbers and caseloads
PDR / Supervision / Sickness / JDs
Attendance at mandatory training
Vacancies / Turnover
Behaviour change
Competency – Managing expectations