

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Ireland, Corporate Director Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
3 March 2015

Subject: **ADULT SOCIAL CARE TRANSFORMATION AND EFFICIENCY PARTNER UPDATE**

Classification: Unrestricted

Past Pathway of Paper: DMT

Future Pathway of Paper: N/A

Electoral Division: All divisions

Summary: This report provides an adult social care transformation and efficiency partner update, including a status update on staffing.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to:

- a) **NOTE** the information provided in the report.

1. Background

- 1.1 Following the decision to appoint Newton Europe as the adult social care transformation and efficiency partner, a commitment was made to provide the Social Care and Health Cabinet Committee with six monthly updates. This report provides the latest update.
- 1.2 The three main programmes of activity in phase 1 were:
 - Care Pathway
 - Optimisation
 - Commissioning and Procurement
- 1.3 Phase 1 activities have been completed and the benefits are being realised in this and the next couple of financial years.
- 1.4 Following a six week assessment in July 2014, a number of opportunities for phase 2 savings and transformation were identified. These included:

Service	Area	Name	Target	Target Total	Stretch	SU Outcomes
Older People, Physical Disability	Acute	Short Term Beds Reduction	£1.20m	£4.14m	£1.60m	<i>Improved outcomes from acute. Fewer service users requiring long term residential placements</i>
		Acute outcome improvement	£2.94m		£6.04m	
	Outcomes & Process	Enablement Volume	£1.83m	£7.77m	£2.44m	<i>Access to enablement service for all service users regardless of referral route. Standardised effectiveness across the service</i>
		Enablement Outcomes	£3.44m		£4.58m	
		Enablement Efficiency	£0.10m		£0.70m	
		Enablement Outsourcing	£2.40m		£4.60m	
	Older People, Physical Disability Total				£11.91m	£19.96m
Learning Disability	Reshaping the Market	Alternate Models of Care	£4.10m	£4.84m	£6.64m	<i>Development of supported living options</i>
		Reshaping support contracts	£0.42m		£0.83m	<i>Greater independence for service users</i>
		Process improvement Shared Lives	£0.32m		£0.49m	<i>Strategic relationship with housing and support providers</i>
	Enablement	Pathways to Independence	£1.93m	£1.93m	£5.03m	<i>Measurement and improvement in outcomes for service users</i>
Learning Disability Total				£6.77m	£12.99m	
Adults Total				£18.68m	£32.95m	

1.5 Newton Europe then was commissioned over the period of October 2014 to May 2015 to work with Council staff to design exactly how these opportunities will be realised.

2. Phase 1 – Impact on Staffing

2.1 Following a number of process efficiencies during phase 1, the Council was able to reduce the Older People/Physical Disability (OPPD) staff establishment by 23%. This reduction in staffing was managed through a voluntary redundancy process and natural wastage. At the point of the restructure, there was a peak in OPPD leavers - made up of 15.5 voluntary redundancies, 15.2 resignations and 5.2 retirements.

2.2 The number of resignations following the voluntary redundancy process was far higher than expected and as a result there are a number of vacancies in the OPPD area teams. The following table represents the position as at 30 January 2015 of the OPPD establishment which was implemented on 1 October 2014, as a result of the introduction of revised systems, processes and ways of working across the areas.

Area	Establishment FTE	Vacancy FTE	Vacancy % including agency workers	Agency FTE
West Kent				
Service Manager	2	1	50%	
Team Manager	4	0	0%	
Senior Practitioner /OT	11	2	18%	
Case Manager/OT	51.5	7.5	15%	
Assessment/Case Officers	48.5	7.5	15%	
Administration	32	3	9%	

Thanet & Kent Coast				
Service Manager	2	0	0%	
Team Manager	4	1	25%	
Senior Practitioner /OT	9	9	55%	4
Case Manager/OT	55	2.2	4%	
Assessment/Case Officers	36.5	5.7	16%	
Administration	26	0.07	0%	1

Area	Establishment FTE	Vacancy FTE	Vacancy % including agency workers	Agency FTE
Dartford, Gravesham, Swanley & Swale (DGSS)				
Service Manager	2	1	50%	
Team Manager	4	2	50%	
Senior Practitioner /OT	8	8	100%	
Case Manager/OT	31	4.3	11%	1
Assessment/Case Officers	54.5	6.8	12%	
Administration	30	7.9	20%	2
Ashford, Canterbury & Coastal				
Service Manager	2	1	50%	
Team Manager	4	1	25%	
Senior Practitioner /OT	7	2	29%	
Case Manager/OT	42	2.9	4.5%	1
Assessment/Case Officers	33.5	-2.5	0%	
Administration	27	-1.3	0%	2

- 2.3 Thirty-eight posts have been advertised on the KCC micro-site since the OPPD restructure and twelve appointments have been made so far. An external media campaign has been commissioned to recruit to the social work vacancies in Dartford, Gravesham, Swanley and Swale (the area most affected by the vacancies).
- 2.4 A total of thirty-two Non-Qualified Social Workers (NQSWS) recruited to Adult Social Care roles: nineteen have completed Assessed and Supported Year in Employment (ASYE) in January 2015 and thirteen started the programme in 2014. This is a new programme introduced by the College of Social Work to enable newly qualified staff to receive appropriate supervision, training and mentoring to become effective practitioners.
- 2.5 Eight Open University (OU) students sponsored by the Council will be qualifying in 2015, with a further seven returning by 2017, who will be considered for available vacancies within Adult Social Care.
- 2.6 Retaining high quality staff is equally important as recruiting new staff. Research shows that social workers value manageable workloads, high quality professional development, good supervision and support and a culture that enables them to practice as a professional. An analysis of recent staff feedback has been used to develop an understanding of the key reasons why staff stay with the Council and what factors might cause them to look for alternative employment outside of the Council. An on-boarder

(recently recruited staff who started six to nine months ago) survey was carried out in December 2013 resulted in a response from around fifty staff in Adult Social Care. It showed that staff were engaged by the nature of the work itself and the calibre of their colleagues; The Council's reputation as an employer; and pay and benefits. The risk factors identified by more than 25% of the respondents included the potential for progression; the physical working environment; relationship with managers; and the match between their expectation and the reality of the work. By addressing some of these issues we would expect to reduce the risk of staff leaving the service. A further engagement survey is being undertaken to obtain views from staff who have started within the Council over the last six to nine months and we will use the information from this for Adult Social Care teams to inform future retention activity

2.7 Given some of the recent difficulties in recruiting and retaining specialist staff, concerns have been raised regarding the level of pay and benefits offered by the Council to the qualified social workers that are required across the service. Recent research into salary and benefits from neighbouring authorities has been compiled and shared with Directors to inform decisions about additional payments to attract and retain certain key staff as well as consideration of the level of salary for Approved Mental Health Professionals (AMHPs) given the skills, knowledge and experience required in these roles. Consideration is being given to market premium payments for recruitment and retention of critical roles both in terms of attracting to specific geographical areas and to specific identified roles.

2.8 A more detailed version of the workforce report is provided at Appendix 1.

3. Phase 2 design update

3.1 **Acute Demand** – work is ongoing to design an acute hospital discharge and short term pathway model which will make sure the right services are in place on hospital discharge and that service users are directed to the service which best supports a positive outcome. It is expected that this will result in fewer service users requiring long term placements and short term beds.

3.2 **Enablement** – work is ongoing to develop the enablement delivery model in line with the vision to become a commissioning authority. The project will build on the work in phase 1 (to increase the use of enablement) and will increase the capacity of the in-house provider through making processes more efficient. This in turn will enable the Council to improve the effectiveness of the service (thereby providing better outcomes for service users) and maximising value for money. Consideration will also be given to how we work with the NHS to develop an integrated pathway and work with the provider market to establish the capability of providers.

3.3 **Demand Management** – work is ongoing to develop ways to measure the effectiveness of the services which the Council commissions from voluntary organisations. This information will be used to build community capacity which will support service users to remain living independently in their community and thereby reduce dependence on social care.

3.4 **Alternative Models of Care** - work is ongoing to understand the housing needs of learning disability service users and to consider if alternative housing options (such as supported living) can enable service users to live

their life better than that achieved through standard residential provision. The project will include working with providers to shape the market.

3.5 **Pathways to Independence** – work is ongoing to build on the pathways to independence pilot which tested out an enablement approach with learning disability service users. Work is being focused on looking at which service users could most benefit from this type of approach, how existing service capacity can be realised to support this service and setting up a system to track service users' outcomes to ensure the service is having the desired positive impact.

3.6 **Shared Lives** – work is ongoing to increase the number of learning disability service users accessing the Shared Lives service (which is similar to fostering in that families host learning disability service users). The aim is to provide better outcomes for service users and reduce the weekly cost of care.

4. Progress on Phase 2 Design

4.1 Council staff have been identified as design leads and design team members. The design leads have received training to carry out this role and are leading the design teams (with support from Newton Europe) to develop the project to the position where it can be fully implemented.

4.2 A number of design workshops have taken place to date. This has included analysis being undertaken, processes being mapped and re-engineered, baselines being collected, key performance indicators being formulated and dashboards being designed.

4.3 Following early workshops, some processes and tools are being tested in 'sandboxes' to see if they work in practice, prior to any wider-scale roll out.

4.4 Work is also ongoing to support the Council in the development of a Portfolio Management Office (PMO) to support the co-ordinated management of adults' portfolio activity. This work will include the prioritisation and co-ordination of activity over the transformation phases and allow the portfolio board to allocate adult social care resources more effectively, identify corporate resource requirements and manage dependencies between projects.

4.5 Towards the end of the design phase, detailed design outputs will be provided which will set out how to implement the changes between May 2015 and early 2016.

5. Financial Implications

5.1 None at this time.

6. Legal Implications

6.1 None at this time.

7. Equality Implications

7.1 None at this time.

8. Recommendation:

8.1 The Adult Social Care and Health Cabinet Committee is asked to:

a) **NOTE** the information provided in the report.

9. Background Documents

9.1 None

10. Contact details

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