

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Andrew Ireland, Corporate Director of Social Care Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
10 May 2016

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

Classification: Unrestricted

Previous Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Division: All divisions

Summary: This report provides progress on the implementation phase of the Adult Social Care Transformation Portfolio including the work with the Efficiency Partner, Newton Europe.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on 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 Adult Social Care and Public Health Committee with regular updates. This report provides a further update on Implementation.

2. Phase 2 Implementation Update

2.1 Programmes supported by Newton Europe in Phase 2 are:

- Acute Hospital Optimisation (formally Acute Demand)
- Access to Independence (formally Enablement)
- Your Life Your Home (formally Alternative Models of Care)
- Kent Pathways Service (formally Pathways to Independence)
- Shared Lives

2.2 Progress on these programmes is set out in this report.

2.3 Acute Hospital Optimisation (formally Acute Demand)

The aim of the project is to promote independence of individuals leaving an acute setting who may require services on discharge. This will be achieved by ensuring individuals end up on the best pathway for their needs that promotes wellbeing and independence in a consistent and structured way across Kent.

2.3.1 Current Activities – what has been achieved?

Implementation continues across Kent, with the Adult Social Care teams at Maidstone General Hospital and Tunbridge Wells Hospital running daily team reviews of open cases to support and standardise decision making. The sustainability of the newly embedded processes at William Harvey Hospital, Darent Valley Hospital, Medway Foundation Trust, Kent & Canterbury Hospital and Queen Elizabeth the Queen Mother Hospital is being driven by the Short Term Pathway Team Leads; supported by Newton Consultants.

The current results from implementation demonstrate that performance continues to improve and that, relative to the baseline period (Financial Year 2014-15), we are helping to avoid the use of –

- 7.7 Short Term Beds (STBs) per Week = 399 STBs annually (up from 322)
- 7.4 Long Term Beds (LTBs) per Week = 384 LTBs annually (up from 312)

2.3.2 Next Steps

Implementation commenced in March 2016 in Maidstone General Hospital and Tunbridge Wells Hospital. Learnings from implementing the project within Integrated Discharge Teams in East Kent are being used and the solution is being further developed in West Kent. The project team are working with the local teams as well as management to ensure that the processes, quality and results will be sustained across all Acute Hospitals once the project team finish in June 2016.

2.3.4 Case Study

Mr R was referred to the Adult Social Care team at Medway Hospital as the Ward staff believed he required a Nursing Home placement. However, the caseworker identified that he had enablement potential and referred him to a residential care home with a clear plan to increase his mobility and confidence. Since moving there, Mr R has improved from needing a hoist to now being able to transfer and walk with the assistance of a walking stick. He is looking forward to returning home with Kent Enablement at Home (KEaH) and being able to re-integrate into his local community.

2.4 Access to Independence – (Formally Enablement)

The Access to Independence project aims to create more time for the KEaH teams so they can provide extra support to additional service users. Focus is on goal/target based enablement with support provided by Occupational Therapists. KEaH have two key priorities:

- 1) To ensure that anyone with enablement potential gets access to the service.

2) To give everyone the best chance to be independent through structured delivery of enablement.

2.4.1 Current Activities – what has been achieved?

Roll out is complete in East Kent and has now moved into West Kent. In the East, the service now has capacity for more service users every week, using fewer support worker hours on a weekly basis. The improved outcomes in the East mean we will need to purchase nearly 250,000 fewer hours of ongoing support per year.

Significant improvements are now being demonstrated across Kent resulting in service users remaining fully independent of any support. In the last year there has been an increase of service users that have no ongoing care needs, which equates to approximately 800 people per year.

2.4.2 Next Steps

Roll out is underway in West Kent and best practice is being defined from an operational and practice perspective to support the sustainability of the New Ways of Working. The roll out in West Kent is due to be completed by June 2016.

2.4.3 Case Studies

Mr A had a stroke, followed by an extended stay in hospital. Upon coming home he was not able to access the kitchen by himself and a nursing agency carried out this support on his behalf. As a result of the stroke, Mr A needed to prepare thickened drinks, rather than the normal ones - hence his access to the kitchen was vital. One of the supervisors in the Dover team set a goal for the support workers to work with Mr A on mobilising and progressively be comfortable accessing the kitchen. They also worked with him ensure he understood the importance of thickened drinks to support his ongoing wellbeing. He's now happily living at home by himself with no ongoing statutory support.

2.5 Your Life Your Home (YLYH) – (Formally Alternative Models of Care)

There are currently over 1,200 adults with a learning disability in residential care. Approximately 350 of these people can have their needs met in alternative settings that will allow them to lead more independent lives. Alternative accommodation that may be more suitable includes:

- a flat with shared communal areas with other service users
- own or shared housing
- shared living with a family

2.5.1 Current Activities

The following outcomes have been seen to date:

- currently the process is operating in two out of the six localities. (Evaluation of the pilot phase in South West Kent and Ashford and Shepway was signed off at Portfolio Board with agreement to move into Stage 3.)

- seven people have moved from residential care into their new homes so far
- the teams are working with approximately 20 service users at the moment, to find them suitable accommodation and put in place support packages ahead of them moving
- currently rolling out to the remaining four localities, aiming to be up and running across the county by June
- the KCC Coordination Lead and Coordination Support roles have been filled and handover from Newton is in progress.

2.5.2 Next Steps

In April, rollout will move into Dover and Thanet and Maidstone and Malling. The roll out for DGS has been provisionally agreed for May 2016.

To ensure sustainability, Newton Europe will hand over ownership of the processes to the KCC project team. Stage Gate Reviews will be set up for the duration of the project to monitor progress.

2.6 Kent Pathways Service – (Formally Pathways to Independence)

The Kent Pathways Service (KPS) project aims to improve service users' independence and reduce their care requirements. This is achieved through 6-12 weeks of intensive training by helping service users to learn or re-learn skills after a change in their circumstances. The identified demand for such a service is over 1800 referrals.

2.6.1 Current Activity – what has been achieved?

KPS completed roll out across East Kent in November 2015. West Kent KPS commenced in Maidstone and Malling in January 2016 and has travelled across to South West Kent; reaching Dartford, Gravesham and Swanley in March 2016. Figures taken at beginning of March confirmed the following: 138 successful completed programmes in Dover and Thanet, nine in Ashford and Shepway, four in Canterbury and Swale and two in South West Kent. This demonstrates good progress and is reflective of the programme still being in its early stages.

2.6.2 Next Steps

To support the role out further work is taking place with teams to focus on sustainability. This includes developing a matrix to describe aspects of the KPS service and measures the progress made towards a successful and sustainable service based on a bronze, silver and gold standard. Currently, KPS are working towards attaining Bronze in DGS. South West Kent has achieved Bronze and is working towards Silver. Silver has been attained in Dover and Thanet and Ashford and Shepway and Gold has been reached in some key areas.

2.6.3 Case Studies

(1) J was referred to KPS as he was looking for Voluntary Work rather than attending a day at Day Care. J was supported to put together his CV which he then dropped off at various Charity Shops in his locality, with the help of his Support Worker. J was offered a job at the 'Mind' shop and he had a taster day where his Support

Worker checked on him throughout the day. J enjoyed this and is now attending once a week.

(2) N was referred to KPS to support with travel training as N attends college 4 days a week. N was supported to learn the route from home to the train station where he could get the train and then walk to college. N's Support Worker stayed with N until he felt confident to travel independently and also produced photos to help N with visual reminders.

2.7 Shared Lives

Shared Lives offers people over the age of 18 support placements within a family home for long term; transition; short breaks and day support. The service is suitable for people with learning and physical disabilities, mental health issues, people on the autistic spectrum, older people and people living with dementia. Shared Lives is similar to fostering in that people with a learning disability live with a host family for an extended period of time. The experienced Shared Lives team works with the person to match them with a suitable household.

2.7.1 Current activity - what has been achieved?

The following outcomes have been seen to date:

- continued increase in enquiries and applications through design has led to increase in available hosts
- 11 new Hosts approved since December
- 45 applications awaiting approval
- 13 long term hosts available with 16 beds (with some currently matched)
- 5 potential service users currently available to match with available hosts.

2.7.2 Next Steps

The aim is to place at least 32 Service Users from Residential Care into Shared Lives for a Long Term placement. The Shared Lives service is currently recruiting additional Host families. These will be available to take placements from the Your Life Your Home (YLYH) project when referrals are received. YLYH have just completed the trial of their project in two areas and therefore, referrals to the Shared Lives service have been limited so far.

2.7.3 Case Studies

O had been living with his brother, mother and step-father. Due to his mother's health issues, O was referred to Shared Lives along with his brother for respite which they received successfully for several months. At a later date, it was decided that O was referred for a long term placement. After several matching visits with hosts in the Thanet area, O moved in with the family.

Since then O's independence has increased. He now takes a shower twice a day with only occasional prompting. Taking an interest in helping with

household chores and keeping his room tidy, he has learnt to use the washing machine and make a cup of tea for not only himself but for others.

O has enjoyed many days out at theme parks and trips to London. He is currently looking forward to a holiday in the summer months. He has also started swimming lessons with another adult that lives with him.

O's mother contacted Shared Lives to say thank you for finding such a suitable placement for O and the support she had been given from Shared Lives. She commented that she was thrilled to see how he was thriving and developing new skills.

3. Financial Implications

3.1 The table below outlines the current opportunity matrix.

Area	Project	Target programme benefit (end of Design)	Programme benefit - current forecast
OPPD	Acute – STBs	£0.37m	£0.58m
	Acute - LTBs	£1.97m	£3.51m
	Enablement – Efficiency	£1.64m	3.04m
	Enablement – Outcomes	£3.35m	£3.42m
LD	Your Life, Your Home	£3.74m	£3.74m
	Shared Lives	£0.83m	£0.83m
	KPS – Cost reduction	£0.46m	£0.46m
	KPS – Cost avoidance	£0.82m	£0.82m
Total		£13.18m	£16.40m

4. Legal Implications

4.1 No significant impacts have been identified and any subsequent legal impacts arising from Phase 2 implementation will be managed through the Adult Transformation Portfolio Board within the existing risk management approach.

5. Equality Implications

5.1 Equality Impact Assessments were carried out as part of Phase 2 Design and there were no significant implications identified.

6. Recommendation

6.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to COMMENT on the information provided in the report.

7. Background Documents

Item C1 – Social Care and Health Cabinet Committee, 3 December 2015 –
Adult Social Care Transformation and Efficiency Partner Update
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=829&MId=5791&Ver=4>

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