From:	**Graham Gibbens, Cabinet Member for Adult Social Care and Public Health** **Andrew Ireland, Corporate Director Social Care**, **Health and Well Being**
To:	**Adult Social Care and Health Cabinet Committee 10 July 2015**
Subject:	**Adult Social Care Transformation and Efficiency Partner Update**
Classification:	**Unrestricted**
Electoral Division:	**All divisions**

Summary: This report provides an update on Adult Social Care Transformation and the work with the efficiency partner, including plans for implementation.

Recommendation:

No specific decision is required.

The Cabinet Committee is asked to 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 Public Health Committee with regular updates.

1.2 As outlined to Cabinet Committee in March 2015 a number of opportunities for phase 2 savings and transformation have been identified and Newton Europe worked with KCC staff between October 2014 and June 2015 to design how these opportunities will be realised.

1.3 This paper outlines the outcomes from the design phase and plans for implementation.

2. Phase 2 design update

2.1 **Acute Demand** – design has looked at the acute hospital discharge process and short term pathway model with the aim of reducing the number of service users requiring a long term placement or short term bed.

In the design phase, work was done with independent practitioners who reviewed the cases of service users in a long term setting. For service users whose pathway started in hospital followed by a short term bed placement and who had subsequently been placed in a long term setting, the review judged that in up to 90% of cases other factors, such as family wishes or service availability, rather than actual need had led to the long term placement. Improvements to decision making processes implemented during the design period reduced inappropriate onward referrals to short term and

trial placements by more than 30% which resulted in a 30% reduction in long term placements.

2.2 **Enablement** – design has looked at the enablement delivery model to make processes more efficient. Variation in process and practice between different localities means there is opportunity to increase the efficiency of Kent Enablement at Home (KEAH) teams as well as further improve outcomes for service users who have access to the service.

This will be achieved through improved scheduling (making better use of Support Workers' time on a day to day basis) and rota-ing (matching staff availability to demand) which will free up time to help reduce the number of service users we reject on a weekly basis as well as help to accept additional referrals coming from Hospitals teams as a result of the acute work. In the design phase, operational efficiency was increased in the Canterbury office by over 11%. This helped reduce rejections to the lowest observed level since 2014.

Variation observed in service user outcomes was found to be independent of the level of need at the end of Enablement. The design phase helped standardise outcomes and align them to measured need.
At the end of the design phase, over 90% of service users left the Ashford KEaH team without a domiciliary care package. Previously this was only 75% of service users. Replicating this result across all the localities in implementation will result in an additional 1000 people every year being enabled to independence.

2.3 **Demand Management** – adult social care currently invest approximately £9m in preventative services delivered through the voluntary sector in Kent, to older people and people living with dementia. It is widely believed that such services promote wellbeing and support individuals to remain independent longer, reducing demand on statutory social care services. However, this has been difficult to evidence. Further, under the Care Act 2014, KCC has an obligation to promote services which prevent or delay the need for care or support. In order to understand the effectiveness of current services, and in order to make informed decisions about the future commissioning of preventative services, the design phase focused on developing a methodology to measure the effectiveness of the different services and organisations by capturing information about the needs presented by a service user when they contact the Area Referral Management Service (ARMS) teams.

The measure of effectiveness of that service or organisation is the time between the initial contact and any subsequent contact *for the same need*. If this service prevents an individual receiving a statutory service, then this is a saving or cost avoidance to KCC. However, since the rate at which people are referred to the voluntary sector from ARMS is low, data collected during the design phase has been supplemented with an analysis of historical data. The data collection methodology is now being used in all ARMS, but additional data is required before any conclusions can be drawn. Once sufficient data has been captured, decisions can be made about which needs are best met through voluntary sector services and which services and organisations are most effective in delaying entry into social care. This will allow KCC to optimise its use of the most effective services from the voluntary

sector, improving value for money on our current investment and also will inform the re-commissioning of preventative services in the voluntary sector.

2.4 **Alternative Models of Care (AMOC)** – there are over 1200 service users with a learning disability in residential care in Kent. Initial scoping with care managers and with support from the KCC design team identified that there may be a proportion who may have improved outcomes in alternative settings. One such alternative setting is Shared Lives which is similar to fostering in that a person with a learning disability lives with a host family for an extended period of time. The work of AMOC is in line with the outcomes expected through the Joint Health and Social Care Self-Assessment Framework (SAF) to make sure people with learning disabilities get equal access to services so they can stay healthy, keep safe and live well. The design phase identified the extensive work required with services users, families, and providers to enable consideration of any appropriate move. This will be addressed in implementation.

2.5 **Pathways to Independence** – the Kent Pathway Service is a new service which aims to improve independence for service users and prevent care package increases for those service users who have had a change in circumstances, through 6-12 weeks intensive training programme. The design phase, built on a pilot run 12 months previously, used case reviews and work in Dover and Thanet to identify potential demand that would be suitable for the service and any additional demand through multiple referrals and new service users. This identified over 500 service users who were suitable to go through the Kent Pathways Service.

3. Phase 2 Implementation

3.1 **Acute Demand** – implementation aims to standardise the decision making process across all the hospitals in Kent and once the most appropriate pathways are being selected, the work stream will also aim to ensure these services are available. This will improve the short term pathways as well as reduce the use of ineffective Short Term Beds. The result will be to sustainably improve long term outcomes for service users after a spell in an acute setting with a saving target of £2.34M p.a.

Implementation will be grouped by area and split into two phases with Newton Consultants working alongside Short Term Pathway Team Leads and Senior KCC resource who will be responsible for introducing an improved process, visibility of performance and supporting governance.

3.2 **Enablement** – implementation will be comprised of two main work streams. The first will aim to increase the efficiency of KEaH support workers by improving the process by which service user visits are scheduled. Two main opportunities were identified during the design phase; time was being lost because the planned visit duration often exceeded the required time that the support worker would spend with the service user. The second opportunity was in reducing the amount time at the end of a shift that went unbooked. Reducing the frequency of these problems will increase the team utilisation. The second aspect that will be standardised is the total amount of enabling time that each service user requires. This is dependent on the number of visits and the average duration of each visit. This will be monitored to ensure that teams do not spend an unnecessarily large amount of time with service

users but also so that the time is not reduced to the point where Outcomes are affected. Combining the utilisation and amount of enabling time per service user provides a measure of efficiency (the number of service users KEaH are able to see for every paid hour of Support Worker time). The project aims to increase this measure by 5% which would result in 10 fewer rejections per week which introduces a domiciliary care pathway saving of £1.64M p.a.

The second work stream will aim to further improve Service User outcomes for those accessing the service. This will be achieved with the introduction of daily review meetings where Senior Practitioners and Occupational Therapists can help Supervisors identify a target level of independence they feel each service user entering the service should be able to achieve. This daily meeting will also help agree the additional support that might be required for this service user to get to this agreed target. During design this was things like additional equipment, Telecare, access to voluntary organisations or giving the supervisors more confidence and support to engage the family and overcome pressure that the family may have exerted on them. As well as targeting more independent outcomes earlier on, paperwork that support workers fill in will also be updated to give Supervisors better visibility of the progress being made against the identified goals. This progress is reviewed on a weekly basis to ensure any problems are identified. This process helped reduce the average hours of domiciliary care in the Ashford KEaH team by an average of 0.5 hours per SU per week (equivalent to helping an additional 1 in 10 Service Users avoid starting a 5 hour per week care package). Replicating the same improvement across the county in implementation will further reduce domiciliary spend by a target of £3.35M p.a.

3.3 **Demand Management** – as part of the design phase several opportunities have been identified for an implementation phase. These include: diverting more people to the voluntary sector, making sure that those diverted are referred to the most effective services, identifying other services and referring to them and re-commissioning services delivered through the voluntary sector using information gathered through the data capture process in conjunction with other sources of information, such as service user engagement. At the moment, there is insufficient data to draw conclusions about which approach will be most effective for implementation. Therefore, data collection will continue on an ongoing basis, and Older Person's Divisional Management team will receive regular updates regarding progress on data collection and the results produced.

3.4 **Alternative Models of Care** – the work within learning disability has been aligned to ensuring outcomes under the Self-Assessment Framework (SAF) and ensures delivery of the LD Partnership Strategy as a number of outcomes have been aligned to the implementation of phase 2 work.

The approach to implementation would be to review an initial set of service users and their residential homes and to collate their desired outcomes and the available service capacity to provide appropriate new care settings. This would begin to build more confidence in financial benefit, number of users who may be able to move and any homes at risk through transfers. Implementation would be set up with carefully managed stage gates to pass through depending on output on each stage with a KCC project manager to provide central coordination. There will be ongoing engagement throughout

implementation with principles and governance and regular communication with service users and families.

3.5 **Pathways to Independence** – the proposal for implementation is a three stage approach starting with 3 months to sustain existing work and prepare for roll out, then roll out in East Kent followed by West Kent. Capacity modelling has been carried out to understand resourcing requirements for the service and further capacity modelling in implementation will lead to early decision on required organisational structure through roll out.

3.6 **Shared Lives** – implementation will require 3 months upfront support to improve approval processes, monitor recruitment and set up Shared Lives champions. This can be monitored up to point at which first host families are available in 6 months and the transfer process can be managed under AMOC.

4. Financial Implications

4.1 The table below outlines the current opportunity matrix for the implementation of Phase 2 Design.

Area	Project	Design			Years to Reach Full Run Rate
		Target Total	Target (£m)	Stretch (£m)	
Reshaping the Market	Alternative Models of Care (One-Off)	£4.58	£3.23	£5.20	3.8
	Alternative Models of Care (Recurrent)		£0.51	£1.01	11.1
	Reshaping support contracts				
	Shared Lives (One-Off)		£0.72	£1.15	3
	Shared Lives (Recurrent)		£0.12	£0.17	9
Kent Pathways Service (KPS)	KPS - Cost Saving (One-Off)	£1.28	£0.43	£0.60	TBC
	KPS - Cost Avoidance (One-Off)		£0.59	£0.83	
	KPS - Cost Saving (Recurrent)		£0.03	£0.04	3.4
	KPS - Cost Avoidance (Recurrent)		£0.23	£0.32	
Acute	Short Term Beds Reduction	£2.34	£0.37	£0.53	0.2
	Acute outcome improvement		£1.97	£2.25	4.3
Outcomes & Process	Enablement Volume	£6.25	£1.64	£2.63	3.6
	Enablement Outcomes		£3.35	£4.69	
	Enablement Efficiency				N/A
	Enablement Outsourcing				
Demand Management	VolOg Dom Substitution	£0			N/A
	VolOg Resi Delay				
Total (excl. Outsourcing)			**£13.20**	**£19.42**	

5. Legal Implications

5.2 Although no significant impacts have been identified any subsequent legal impacts arising from phase 2 implementation will be managed through Adult Transformation Portfolio Board within the existing risk management approach.

6. Equality Implications

6.1 Equality Impact Assessments have been carried out as part of Phase 2 Design and there are no significant implications for equality. Copies of all EqIAs for Phase 2 are attached as an appendix.

7. Recommendation

Recommendation:

No specific decision is required. The Cabinet Committee is asked to note the information provided in the report.

6. Background Documents

6.1 Item 9 – Kent County Council, 17th May 2012 Adult Social Care Transformation Blueprint and Preparation Plan, May 2012
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=113&MId=3905&Ver=4

6.2 Item B2 - Social Care and Public Health Cabinet Committee, 21 March 2013 - 13/00010 - Appointment of a Transformation and Efficiency Partner - Adult Social Care Transformation Programme
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=747&MId=5129&Ver=4

6.3 Item B3 – Social Care and Public Health Cabinet Committee, 4 October 2013 - Adult Social Care Transformation and Efficiency Partner Update
https://democracy.kent.gov.uk/documents/s42746/B3%20-%20ASC%20Transformation%20Update%20October%202013%20v0.2.pdf

6.4 Item C2 – Social Care and Public Health Cabinet Committee, 2 May 2014 - Adult Social Care Transformation and Efficiency Partner Update
https://democracy.kent.gov.uk/documents/s46410/C2%20-%20Adult%20Social%20Care%20Transformation%20Update.pdf

6.5 Item B7 - Social Care and Public Health Cabinet Committee, 26 September 2014 - Adult Social Care Transformation - Phase 1 Update and Appointment of Partner for Phase 2 Design
https://democracy.kent.gov.uk/documents/b13911/Adult%20Social%20Care%20Transformation%2026th-Sep-2014%2009.30%20Adult%20Social%20Care%20and%20Health%20Cabinet%20Committe.pdf?T=9

6.6 Item b4 - Social Care and Public Health Cabinet Committee, 21 March 2015 - East Kent Sexual Health Services - interim contract extension
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=829&MId=5992&Ver=4

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