

**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  
3 December 2015

**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. The report also provides a brief update on other significant commissioning activity included in the SCHW Business Plan 2015/16.

**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.

## **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)**

Approximately 31% of the people who require a KCC supported care package are referred after an acute hospital stay. The aim of the project is to promote independence of individuals leaving an acute setting who may require services on discharge. This will be done 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**

The adult social care teams at Darent Valley Hospital, Medway Foundation Trust and Queen Elizabeth the Queen Mother Hospital have begun running daily team reviews of open cases to support and standardise decision making. The sustainability of the newly embedded processes at William Harvey Hospital is being driven by the Short Term Pathway Team Lead, supported by Newton Consultants.

The current results from implementation are that, relative to the baseline period (Financial Year 2014-15), we are helping to avoid:

- 6.2 Short Term Beds (STBs) / Week = 322 STBs annually
- 6.0 Long Term Beds (LTBs) / Week = 312 LTBs annually

Note – this performance needs to be sustained for a year for this to actually result in the saving, but it has been sustained since June so far.

### **2.3.2 Next Steps**

Implementation commenced in November 2015 at Kent and Canterbury Hospital, and engagement with Tunbridge Wells Hospital and Maidstone General Hospital teams will begin towards the end of December 2015.

### **2.3.4 Case Study**

Mr A was admitted to hospital. His wife lives in a care home. Mr A has not been in receipt of any form of support in the community prior to admission. He indicated he would like to be discharged from hospital into the same care home as his wife. The KCC hospital team received a referral asking for him to be placed in residential care. Mr A did not appear eligible for a residential placement on discharge from hospital.

The referral exemplifies the challenge for case workers of expectations set with patients for them to be discharged into a long-term placement. After peer reviews amongst the KCC hospital team, with support from Senior KCC staff, Mr A was discharged home, not requiring any support, with details of who to contact in the community if needs or situation deteriorates. He has support from his daughter and the ability to visit his wife in the care home.

## **2.4 Access to Independence – (Formally Enablement)**

The Access to Independence project aims to create more time for the Kent Enablement at Home (KEAH) teams so they can provide more support to more service users. A focus will be on goal/target based enablement. The KEAH Team have three key priorities:

1. Everyone should get the best chance to be independent through structured delivery of enablement
2. Everyone who can benefit from the service should have access to it. We should try our best to never turn someone away
3. To deliver the support service users need, efficiently and we should adjust our operational practices to best meet this need

They will meet these priorities by:

- sharing best practices / knowledge between teams introducing input from Occupational Therapy and Case Managers, to help achieve best outcomes
- setting enablement goals which aim for the greatest level of independence possible for a service user
- actively managing the visit time with service users, ensuring they are working towards the end goal of enablement in a structured way
- enabling the team to make more informed scheduling decision through the use of a tool which has been designed to show the actual length of time calls with service users' take
- reducing unnecessary service user visits by mapping and tracking a clear end goal to enablement and by managing the transition to increased independence for those who have met their enablement goals
- using an independence tool to score service users' progress and ability on a number of daily activities during the enablement period. The scores are used to reflect if the service user has improved, remained the same or declined between the start and end of enablement.
- highlighting and learning from the reasons where outcomes have not been achieved

### **2.4.1 Current Activities – what has been achieved**

Roll out is coming to a close in Ashford with the team working hard towards fully owning and sustaining the changes to improved practice and process.

The team in Ashford have sustained the improved outcomes meaning that instead of 75% of service users not requiring any ongoing domiciliary support now 88% have no ongoing care requirements. This means that there are an additional 100 service users every year that will be enabled to independence in Ashford alone. Replicating these results across the county will help an additional 1000 people per year avoid ongoing care after Enablement. The Supervisors' weekly meetings have commenced in Canterbury, Shepway, Dover and Thanet and Dartford, Gravesham and Swanley, who are now working towards learning and embedding the new ways of working. Support has been provided by Senior Practitioners and Occupational Therapists

(OTs). On one day in November the Canterbury team identified four service users who could become independent and agreed a plan to get them there. Before this forum was set up, it would be expected that all of these people would have gone on to receive ongoing care.

#### **2.4.2 Next Steps**

South Kent Coast & Thanet KEAH teams started training through November. Roll out will reach West Kent in the New Year; in the meantime teams are preparing and sharing best practice to make the roll out as sustainable as effective as possible.

#### **2.4.3 Case Studies**

(1) Mrs AC, a 73 year old living alone prior to a hospital visit, during which her right leg was amputated below the knee, was discharged home following the end of her treatment with a package of enablement.

Enablement started with three calls per day to support Mrs AC with personal care and food preparation. The initial target and expectation was that an ongoing package of two calls per day would be required following enablement.

With Occupational Therapist involvement and senior support to the supervisors goals for Mrs AC were developed and reviewed on a weekly cycle. This new focus on goal setting and enabling activities meant Mrs AC regained independence in her personal care and food preparation. The ongoing package has been reduced to three calls per week; a reduction from initial target of two calls per day.

(2) Mrs H, an 82-year-old lady, required some additional support in order to achieve independence after being discharged from the hospital following admission with weakness, paroxysmal atrial fibrillation, shortness of breath and anaemia. She was given a package of enablement. After being with the enablement service for 12 days Mrs H is now able to wash and get dressed in the morning independently. Furthermore, these services enabled her to prepare her own food and to take pleasure in eating again

#### **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's needs can be 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 pilot phase covering South West Kent (SWK) and Ashford and Shepway commenced in November 2015 and will run until January 2016. A new tool is being developed to aid easier identification of suitable alternative accommodation. A briefing for local Members and cross party political leads within the pilot areas was held on the 16 November 2015; the presentation will be available on the Members' portal in due course.

### **2.5.2 Next Steps**

The performance of processes and tools will be reviewed as part of the pilot phase, and will be rolled out to the remaining localities. The main constraint to how quickly this happens will depend on the learnings from the pilot and the availability of suitable accommodation.

## **2.6 Kent Pathways Service – (Formally Pathways to Independence)**

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

The KPS service has been created after a pilot programme ran for 12 months in Dover and Thanet identified demand for such a service for over 500 existing service users as well as referrals to a future sustained service for new service users who have had a change in circumstance.

### **2.6.1 Current Activity – what has been achieved**

- The trial location was Dover and Thanet. During November the team started working with Canterbury to fully implement KPS utilising the East Kent team.
- During November /December KPS is being rolled out in Mid Kent – Ashford, Shepway, Swale
- The current target is 916 successful referrals (some Service Users will be referred more than once as they will be trained in different skills). A successful referral is either a reduction in package cost by improving Service Users' needs or an avoidance of a future cost because the package was planned to increase prior to the review through the Kent Pathways Service

### **2.6.2 Next Steps**

- Roll out will commence in January 2016 in Maidstone, Maidstone, Maidstone and South West Kent moving across to Dartford, Gravesend and Swanley in February 2016, with full rollout completed by March 2016.

### **2.6.3 Case Studies**

(1) The story of Paul: *“The Pathways Service helped me to learn how to get on and get off the bus safely. They showed me I needed to get off at the Clock Tower in Margate and how to walk to the centre safely in the morning. If I missed a bus or the bus was late I had to wait until the next one came along. I would tell other people to use the KPS for help with travel training.”*

(2) Louis’s goal was to find voluntary work which has been achieved through the use of the Kent Pathways Service. *“I have made friends here, some people I knew before, I like helping, and everyone is nice. I catch the bus here & home again. I come here on a Friday; I start at 1pm & finish at 4pm.”*

## **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**

Although this project is in its early stages of implementation the following outcomes have already been seen:

- Increase in enquiries and applications through design has led to increase in available hosts
- 35 applications awaiting approval
- 18 long term hosts available with 26 beds (some currently matching)
- Six potential service users available immediately to match with available hosts

### **2.7.2 Next Steps**

- The current plan is to move 32 Service Users from Residential Care into Shared Lives
- The first move is planned for December and moves will continue for 18 months

### 2.7.3 Case Studies

(1) Douglas was living with his elderly father. He had put on weight, due to lack of exercise and rarely left the house. His family initially decided that he would be moved to a residential home, but it was later mentioned that he may be suitable for Shared Lives. Initially, his brother was not happy with the idea that he would move in with another family, but met the host family and decided to give it a go.

Douglas moved in with Rod and Lee and has been living with them for two years, along with another Shared Lives user called Noel. Over this time he has developed a love of walking the dog, has lost five stone, is often out of the house and uses the bus system all on his own.

Douglas is now involved in trampolining and cricket. He works at the local stables and has been on holiday for the first time in 20 years. With Rod and Lee's consistent and continuous support he has transformed into a more independent and happier person.

Douglas's brother now thinks that Shared Lives is the best thing that could ever have happened to him.

2) Susie is a lady in her early 50's with a learning disability and was living in a residential setting since 1994, she has now moved in with her Shared Lives Host Maria, Kevin, their two dogs and a cat and in the very short space of time, has accomplished a great deal.

Susie has previously been prone to trips and falls, but now walks with Maria and her two dogs daily and is able to walk much further and no longer trips; which meant she was able to go on holiday for the first time in years to Devon; enjoying train rides, going on walks, taking in the scenery and going to the beach, which she thoroughly enjoyed. Susie also enjoys cooking with Maria and regularly makes cakes and is able to help prepare meals by cutting up vegetables, giving her a sense of achievement. Susie says she is very happy in her new home.

### 3. Financial Implications

3.1 The table below outlines the current opportunity matrix for implementation.

Area	Project	Design		
		Target Total	Target (£m)	Stretch (£m)
Reshaping the Market	Your Life Your Home (One-Off)	£4.58	£3.23	£5.20
	Your Life Your Home (Recurrent)		£0.51	£1.01
	Reshaping support contracts			
	Shared Lives (One-Off)		£0.72	£1.15
	Shared Lives (Recurrent)		£0.12	£0.17
Kent Pathways Service (KPS)	KPS - Cost Saving (One-Off)	£1.28	£0.43	£0.60
	KPS - Cost Avoidance (One-Off)		£0.59	£0.83
	KPS - Cost Saving (Recurrent)		£0.03	£0.04
	KPS - Cost Avoidance (Recurrent)		£0.23	£0.32
Acute	Short Term Beds Reduction	£2.34	£0.37	£0.53
	Acute Hospital Optimisation improvement		£1.97	£2.25
Outcomes & Process	Access to Independence Volume	£6.25	£1.64	£2.63
	Access to Independence Outcomes		£3.35	£4.69
	Access to Independence Efficiency			
	Access to Independence Outsourcing			
	VolOg Resi Delay			
<b>Total (excl. Outsourcing)</b>			<b>£13.20</b>	<b>£19.42</b>

### 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 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. Other Transformation Activity

6.1 This last section updates Members on other transformation activity that was included in the Social Care, Health and Wellbeing Directorate Business Plan 2015/16.

#### 6.2. Replacement of grants for mental health services with new contracts

6.2.1 The council is currently in the process of the competitive dialogue with a number of providers to replace 66 grants totalling £3.6m with four contracts. It is anticipated that



the contract will be awarded in January 2016 and the new contract will commence on 1 April 2016.

### **6.3 Integrated Community Equipment Service (ICES)**

6.3.1 Following the development of a redesigned Integrated Community Equipment service, working in partnership with the NHS and Clinical Commissioning Groups (CCGs), two contracts have recently been awarded, and services commenced on 30 November 2015. The new providers are Nottingham Rehab Ltd (trading as NRS Healthcare) for Integrated Community Equipment and Invicta Telecare Ltd (trading as Centra Pulse and Connect) for Digital Care and Telecare services.

### **6.4 Kent Support and Assistance Service (KSAS) – Contract Extension**

6.4.1 At the 10 July 2015 Adult Social Care and Health Cabinet Committee Meeting, the Committee endorsed the extension of the current contract arrangements for a further two years to March 2017 (and not March 2016 as detailed in the July Cabinet Committee report). Intensive work is in progress to pursue a wide range of improvements and make efficiencies. Alternative models continue to be explored with stakeholders and other similar authorities.

### **6.5 Older Persons and Residential and Nursing Contracts**

6.5.1 The current contracts expire on 31 March 2016. The Procurement strategy has been approved, the opportunity advertised on the Kent Business Portal and the draft specification is currently being shared widely with providers and other key stakeholders.

### **6.6 Carers' Short Break Service Contract**

6.6.1 The current contract for the Carers' Short Break Service expires on 31 March 2016. A report is being presented to this Committee with regard to the re-commissioning of short breaks for carers of vulnerable adults.

### **6.7 Accommodation Strategy update**

6.7.1 Five new Extra Care Schemes are to become operational during Spring 2016 including 248 units of one and two bed accommodation under Private Finance Initiative (PFI) contracts. Extra Care Housing funded by others means will become operational across the county throughout 2016.

6.7.2 During 2016 work will continue with regards to the impact of the Key Decision on the outcome of the consultation on the future of in-house provision (the potential closure of four homes).

6.7.3 For people with mental health needs the scoping of future accommodation needs across the county will commence, with a new scheme expected to be operational in Thanet in early 2016 (PFI contract).

6.7.4 For people with autism the scoping of future accommodation needs across the county will commence in line with the Public Health Needs Assessment.

## 6.8 Independent Advocacy Services (Adults)

6.8.1 The re-commissioning of the independent advocacy service for adults covering all care groups has commenced. The award of the contract is expected in January 2016.

## 7. Recommendation

7.1 <b>Recommendation:</b> The Adult Social Care and Health Cabinet Committee is asked to <b>COMMENT</b> on the information provided in the report.
---

## 8. Background Documents

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>

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>

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>

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%20Committee.pdf?T=9>

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>

Item C2 - Social Care and Public Health Cabinet Committee, 10 July 2015 - Adult Social Care Transformation - Phase 2 Update and Appointment of Partner for Phase 2 Implementation

<https://democracy.kent.gov.uk/documents/g5789/Public%20reports%20pack%2010th-Jul-2015%2010.00%20Adult%20Social%20Care%20and%20Health%20Cabinet%20Committee.pdf?T=10>

## 9. Contact details

Report Author:  
Laura Robinson,  
Strategic Commissioning Support Manager  
03000 415473, [laura.robinson@kent.gov.uk](mailto:laura.robinson@kent.gov.uk)

Relevant Director:  
Mark Lobban,  
Director of Strategic Commissioning, SCHWB  
03000 415393, [mark.lobban@kent.gov.uk](mailto:mark.lobban@kent.gov.uk)