



Adults Phase 3 Assessment Summary

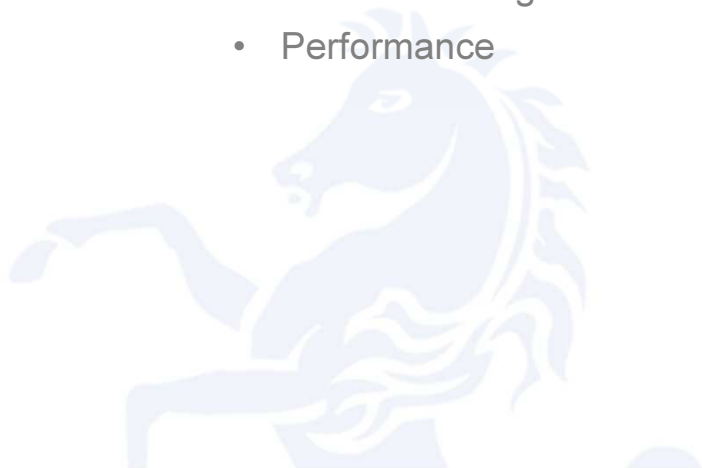
Adult Social Care & Health Cabinet Committee
30th January 2017



Agenda



- Introduction
- **Headline findings to date**
 - Disabled Children & Adults with Learning Disabilities (DCALD)
 - Mental Health (MH)
 - Older People & Physical Disabilities (OPPD)
 - Promoting Wellbeing
 - Promoting Independence
 - Supporting Independence
 - Urgent Care
 - Complex Social Work and Safeguarding
 - **Structure and Support**
 - Purchasing
 - Commissioning
 - Performance



Introduction & Context



Adult Services are now in our third phase of Transformation, having had significant success and making substantial improvements during the first two phases.

Phase 1:

- Supported people to be more independent by increasing the number who access enablement, telecare and by introducing Promoting Independence Reviews
- Rationalisation of the homecare market
- Focused resource more appropriately by signposting people who do not need support from the council to other services

Phase 2:

- Improved the quality and effectiveness of Kent Enablement at Home services
- Improved hospital discharge by introducing new approaches
- Focused on targeted interventions that support people with a learning disability to gain and maintain independence

Directors Anne Tidmarsh and Penny Southern have led these programme – which has been influential in shaping the delivery of adult social care

Adult Social Care in Kent is increasingly seen as providing a range of best practice approaches – and achieving outcomes that other seek to replicate. The council has been invited to, and cited by, conferences around the country by national bodies including the Local Government Association, Association of Directors of Adult Social Care and Social Care Institute of Excellence.

Phase 3



The Phase 3 Programme is being delivered in line with the new strategy for adult social care “Your Life, Your Wellbeing”

The programme aligns with the strategic vision, and aims to:

- Create a practical translation of the vision
- Enable greater integration with health
- Provide a basis for further improvement in the future

Having completed two successful programmes the nature of Phase 3 is more complex, and requires more involvement of other agencies:

- Previous transformation has improved internal performance
- We are focusing on services and pathways that involve interaction with partners in health and other services

We are now identifying innovative approaches, that require the development and implementation of new models of delivery:

- Designing outcome based homecare – that continues to support people to be more independent
- Working with the voluntary sector in a more proactive way to reduce demand in KCC services

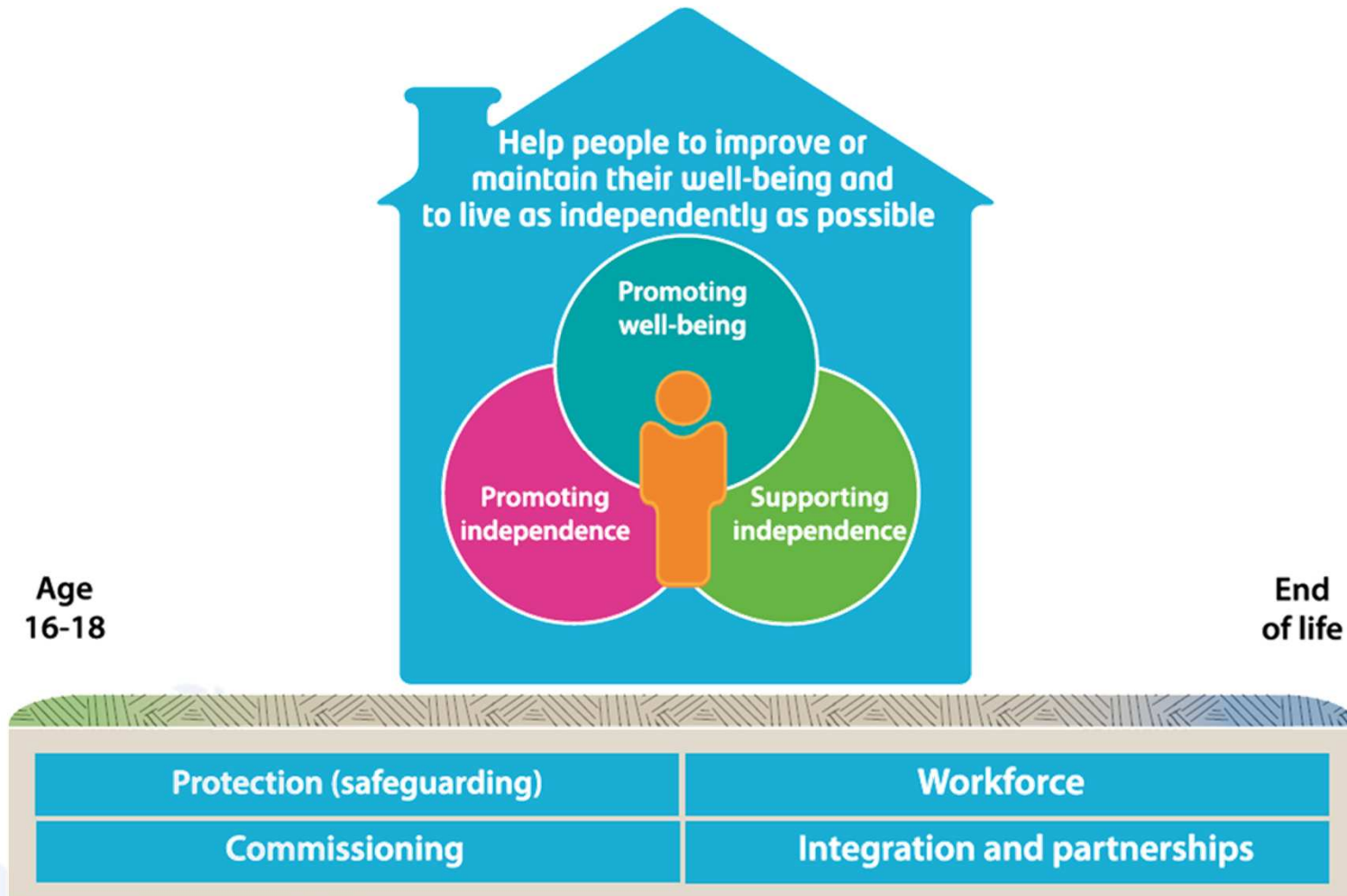
The Assessment has identified a range of insights and opportunities – which the team will talk you through now. We will be attending SCB/BPDB in December to outline plans in detail and seek approval to move into a period of Service Design



PHASE THREE TRANSFORMATION PROGRAMME



The Vision For Adults



Supporting KCC's strategic outcome: older and vulnerable residents are safe and supported with choices to live independently

Explaining the Vision



Promoting Wellbeing

Services which aim to prevent, delay or avoid people from entering formal social-care or health systems, by helping people to manage their own health and wellbeing.

Promoting independence

Providing short-term support that aims to prevent or delay people's entry to the formal care system, and provide the best long term outcome for people. They will have greater choice and control to lead healthier lives.

Supporting independence

Delivered through services for people who need ongoing support and aims to maintain wellbeing and self-sufficiency. The aim is to keep people safe and help them to live in their own homes, stay connected to their communities and avoid unnecessary stays in hospitals or care homes.

Programme Aims



This programme aims to:

- Deliver the practical translation of the vision
- Move to a new operating model which will embed the improved outcomes achieved over previous phases of transformation in organisational structures
- Provide a platform for further change/integration and become a commissioning authority

The assessment phase will:

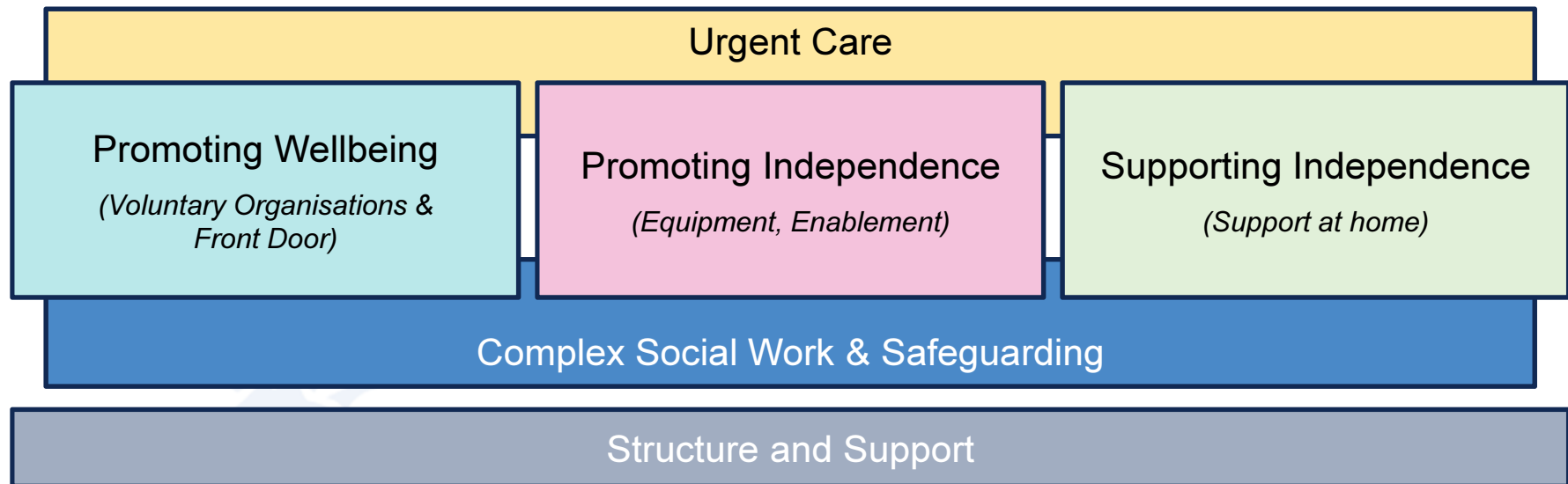
- Develop a draft operating model which describes service user flows and organisational shape
- Identify savings and improved service user outcomes opportunities
- Outline a plan to realise this
- Develop a KCC delivery team to continue future transformation



Assessing The Current Model



This applies for all pathways



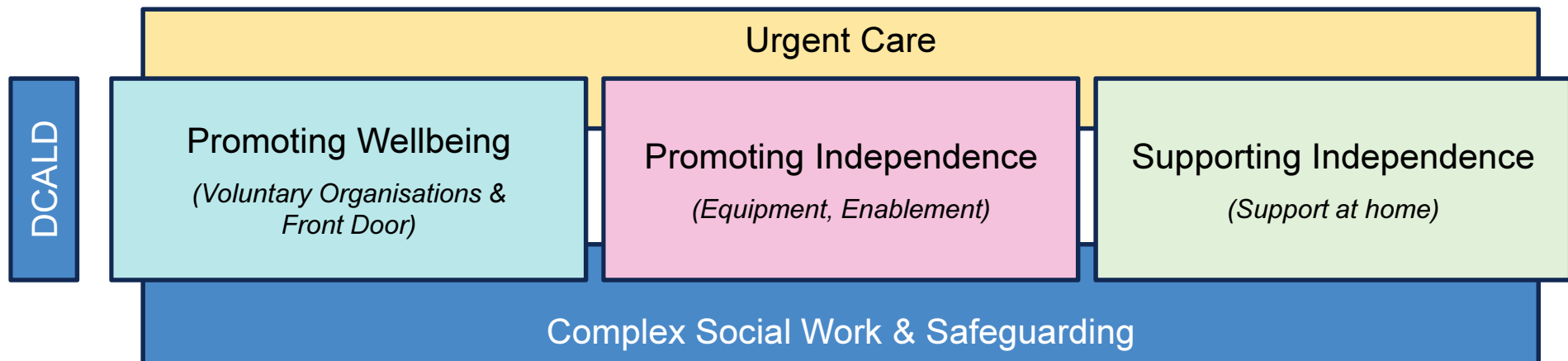


Headline Findings

DISABLED CHILDREN & ADULTS WITH LEARNING DISABILITIES (DCALD)



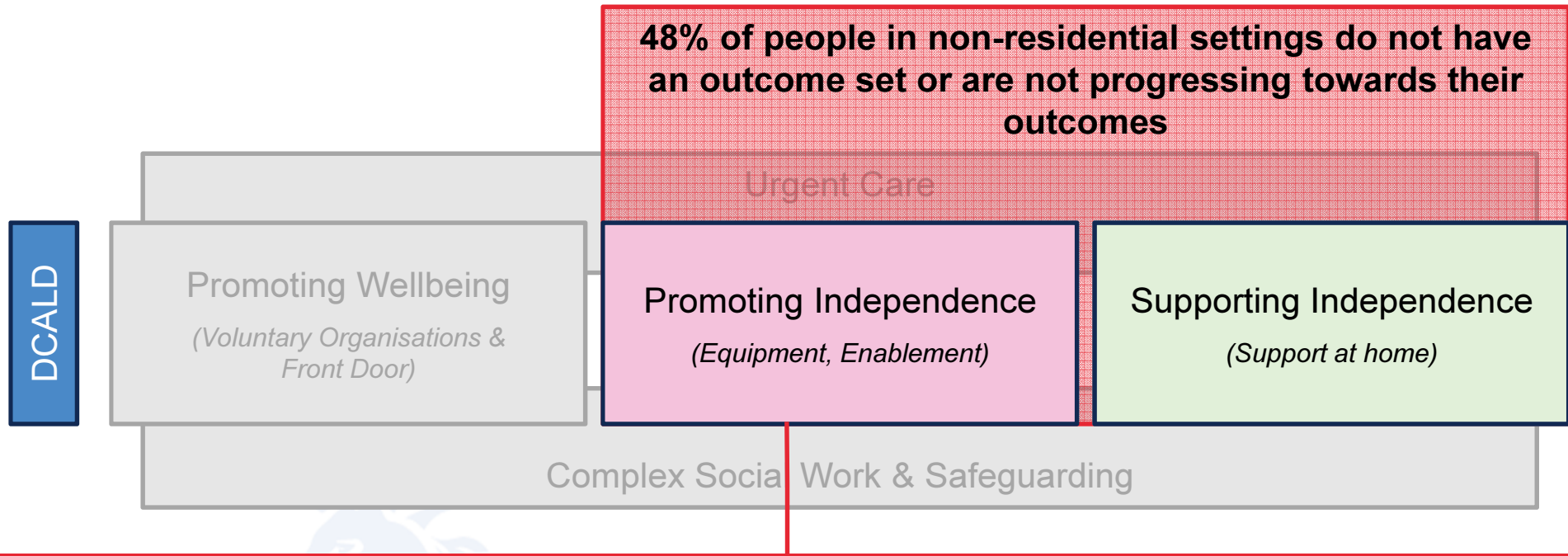
Disabled Children & Adults with Learning Disabilities



Our Transformation Includes:

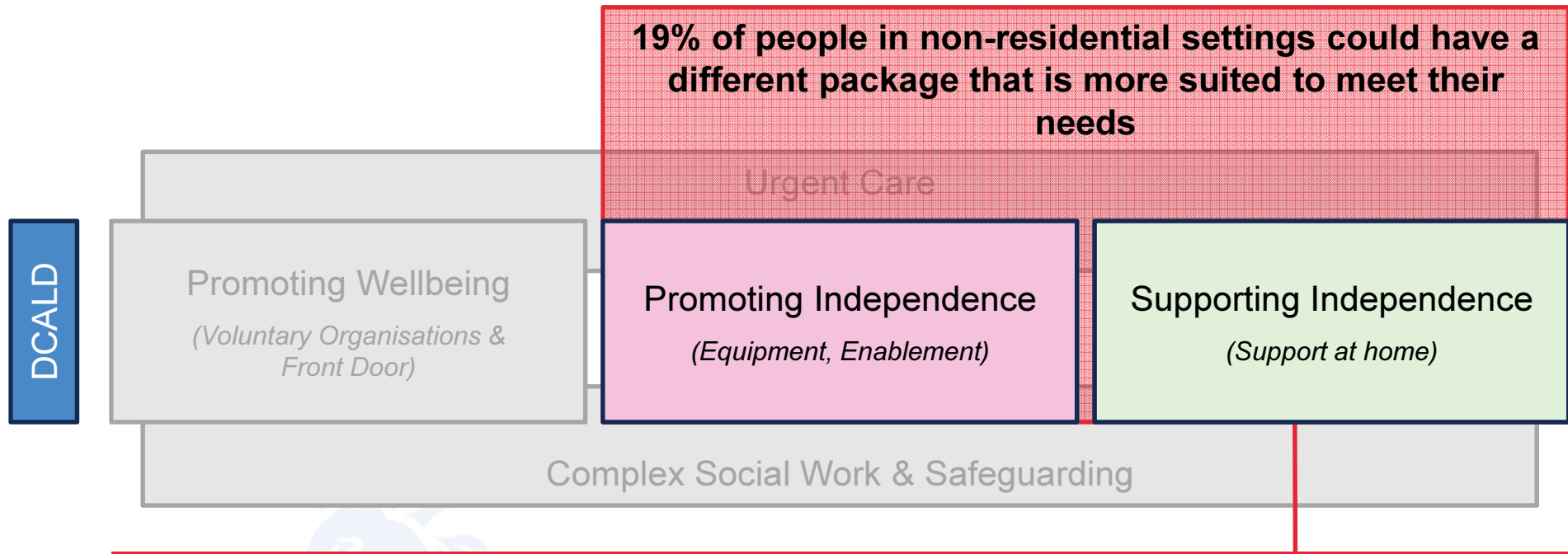
1. In-house Redesign
2. External Services (Supporting Independence Service (SIS), Housing Related Support and Day Care)
3. Lifespan Pathway
4. Your Life Your Home
5. Alliance Contract/Integrated Commissioning

DCALD – Effectiveness



Outcomes based commissioning will ensure that individuals have an outcome based delivery plan within achievable timescales. Monitoring processes will be required to ensure that individuals' outcomes are achieved and providers are held to account to deliver.

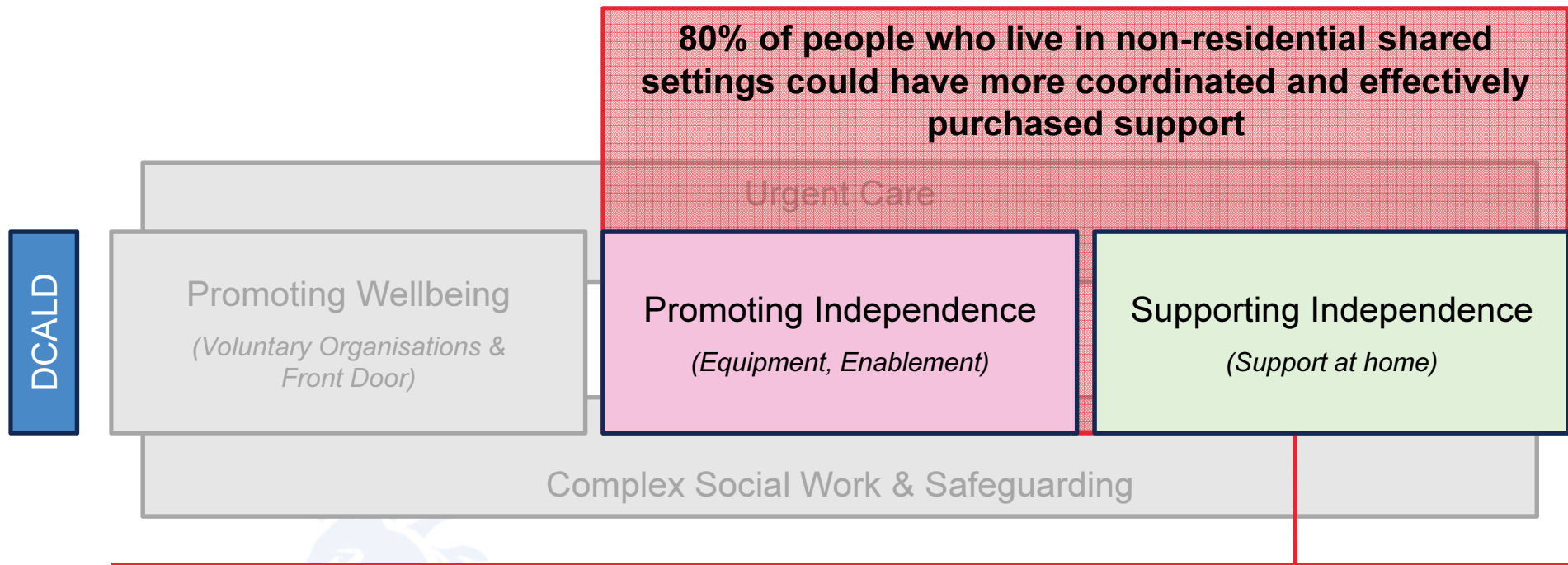
DCALD – Quantity & Composition



We need to develop a system to understand current and future service demands in order to commission services to bridge gaps, including more flexible support.

We need to establish tools and processes that enable Care Managers to support service users in exploring all options available to them.

DCALD – Shared Support



We need to have better visibility of support in a person's environment by working with Providers to avoid duplication.

We need to set up systems and processes to enable care managers to plan support for groups as well as individuals.

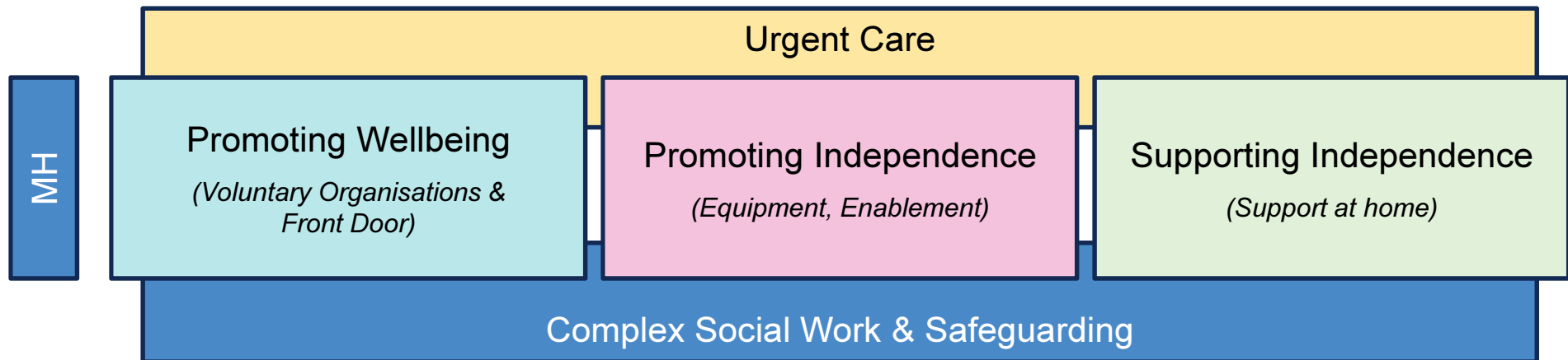


Headline Findings

MENTAL HEALTH (MH)



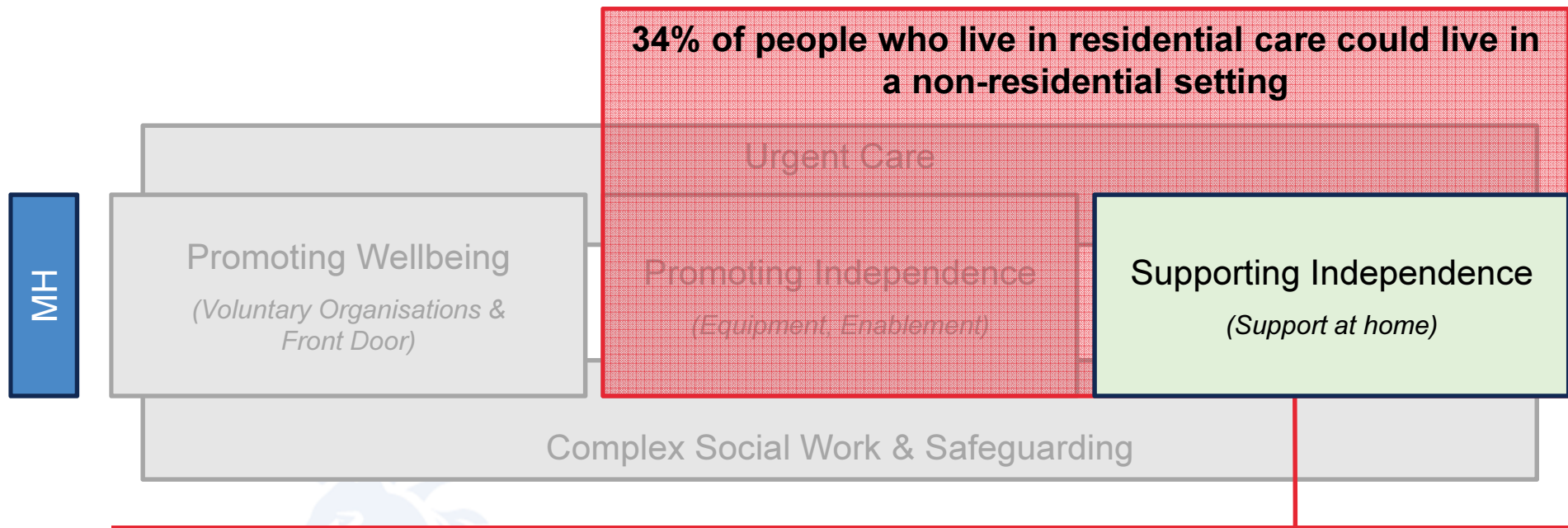
Mental Health



Our Transformation Includes:

1. Section 75 Partnership Agreement
2. Live Well Kent
3. Primary Care Mental Health Services
4. Kent Enablement and Recovery Service (KERS)
5. Approved Mental Health Practitioner Service (AMHP)

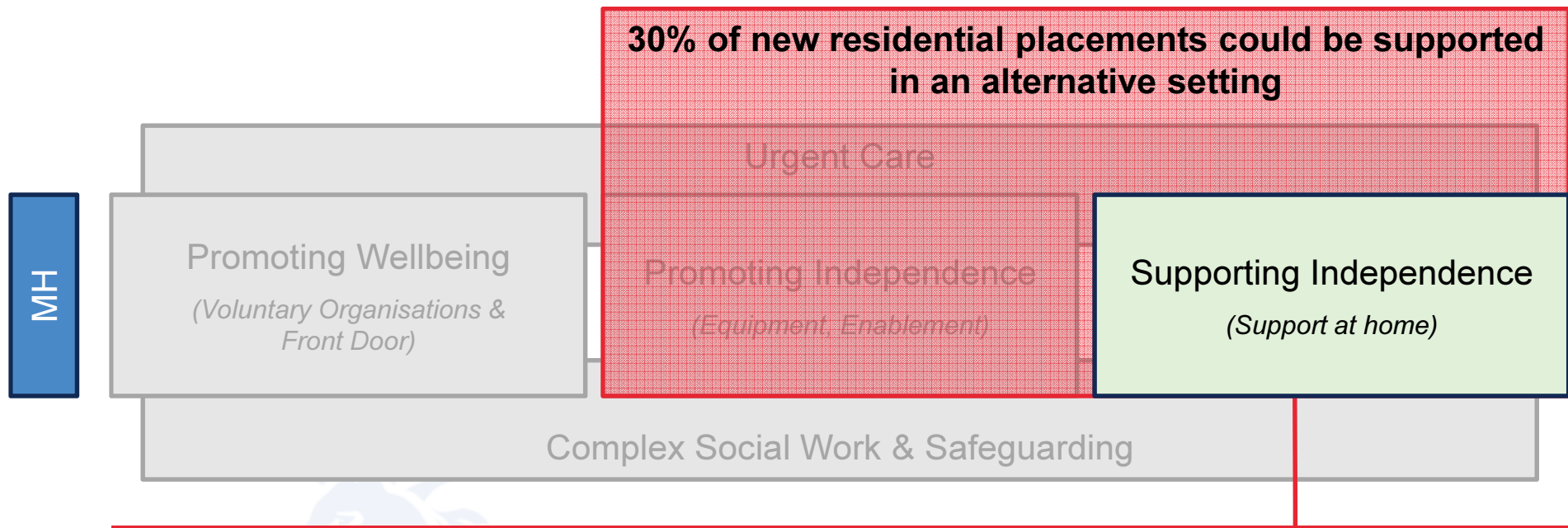
MH Residential – Current



Demand for housing and support should be captured through operational teams and intelligence from this used to support commissioning work.

We need to work with providers to ensure residential care can provide a short term recovery service and that we have the best quality housing and support available in the community.

MH Residential – Placements



We need to ensure we have targeted housing, support and enablement services to support people to live in the community.

We need to ensure that we have tools and processes in place to support the acute discharge process so that people go to the best possible setting for them at the right time.

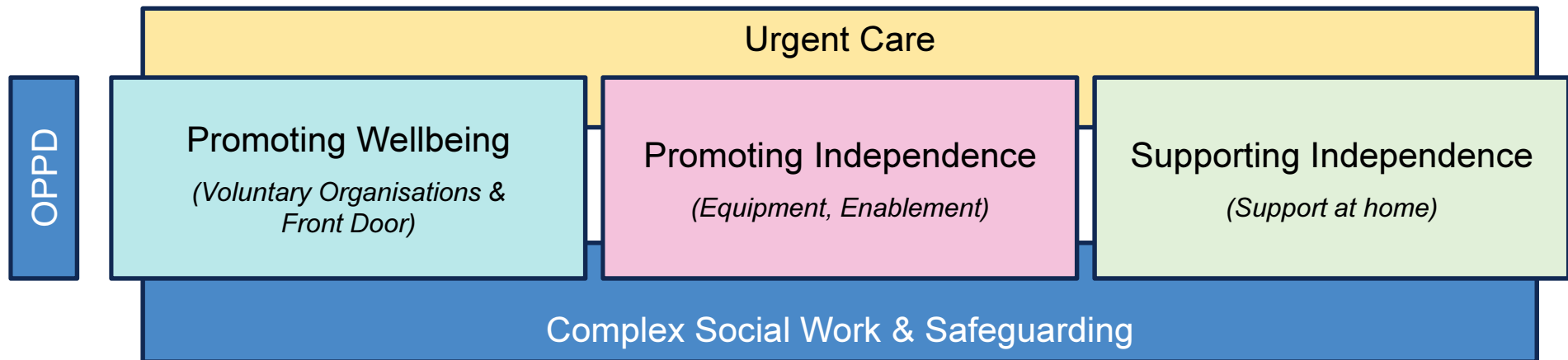


Headline Findings

OLDER PEOPLE & PHYSICAL DISABILITIES (OPPD)



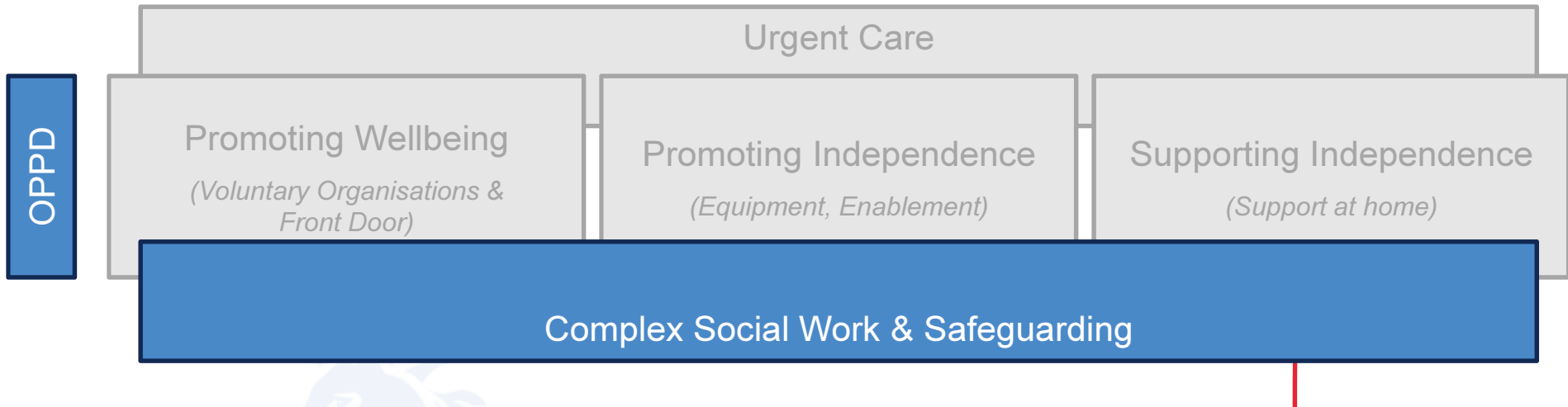
Older People & Physical Disabilities



Complex Social Work & Safeguarding

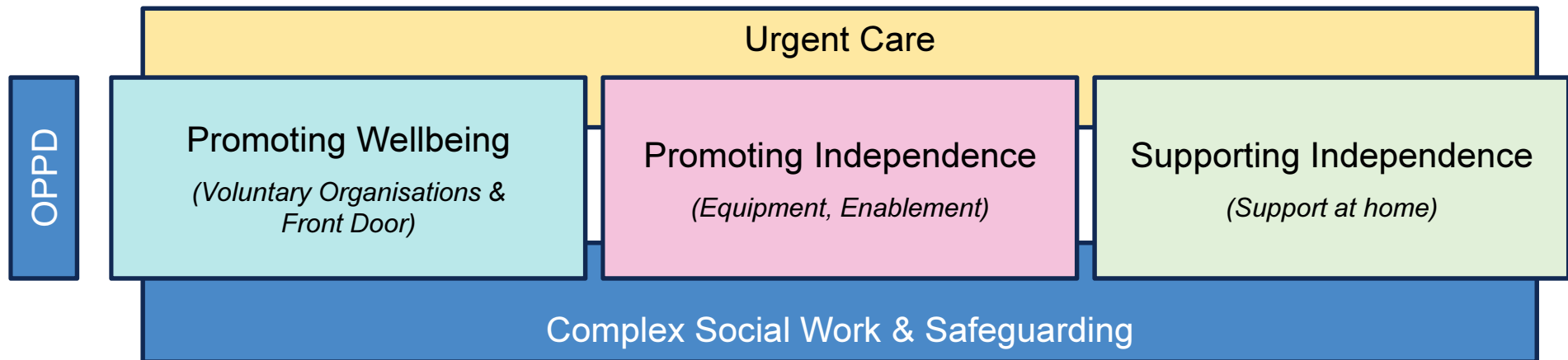


Safeguarding cases could be resolved in 26% of the time, reducing risk to clients



A significant proportion of safeguarding and complex social work is held in the community teams who have large caseloads and competing priorities. As design looks to change the pathway structure we must consider how a dedicated complex social work / safeguarding team would be established to improve practice.

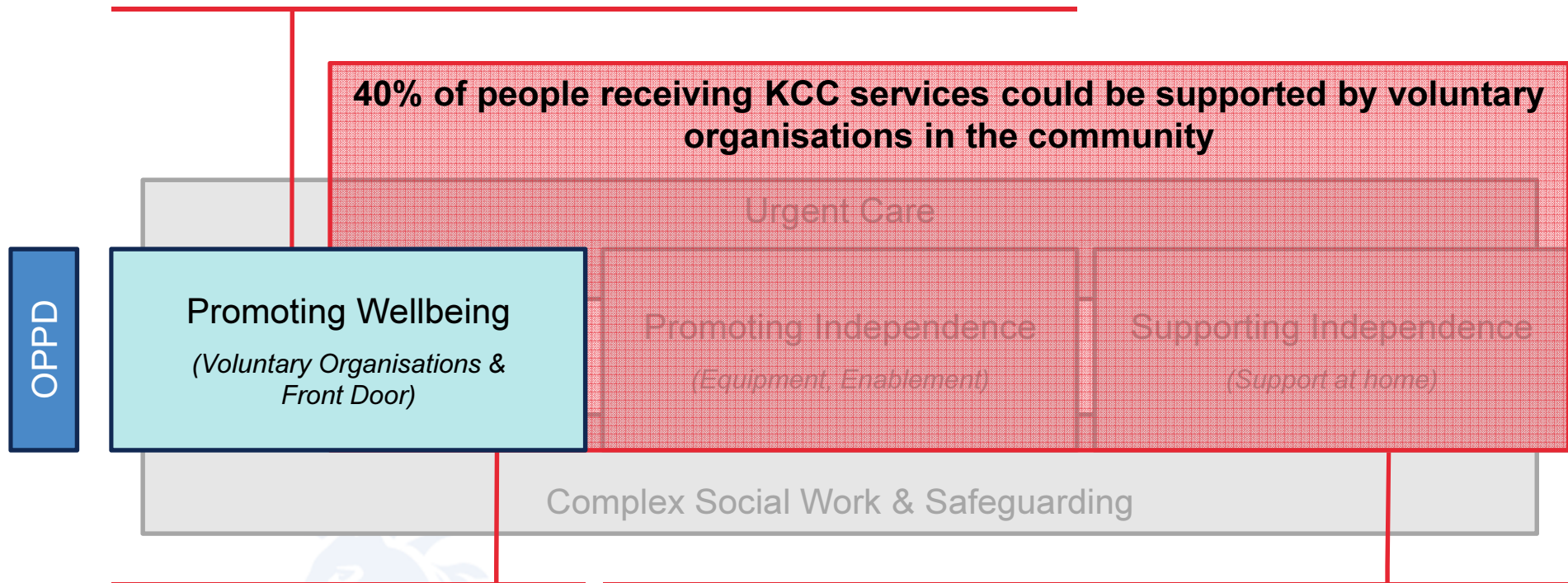
Older People & Physical Disabilities



Promoting Wellbeing



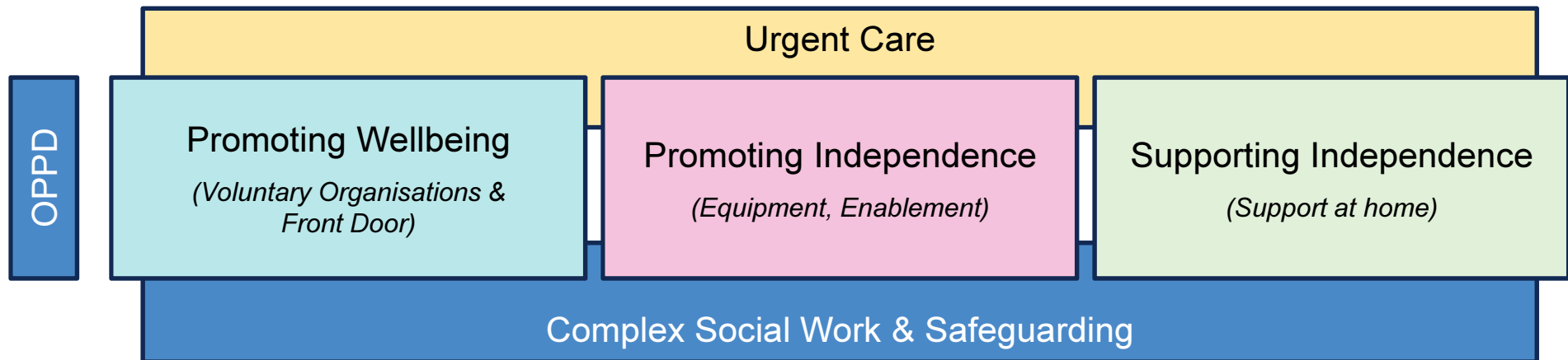
Design must review the effectiveness of existing provisions & build a future funding and development strategy.



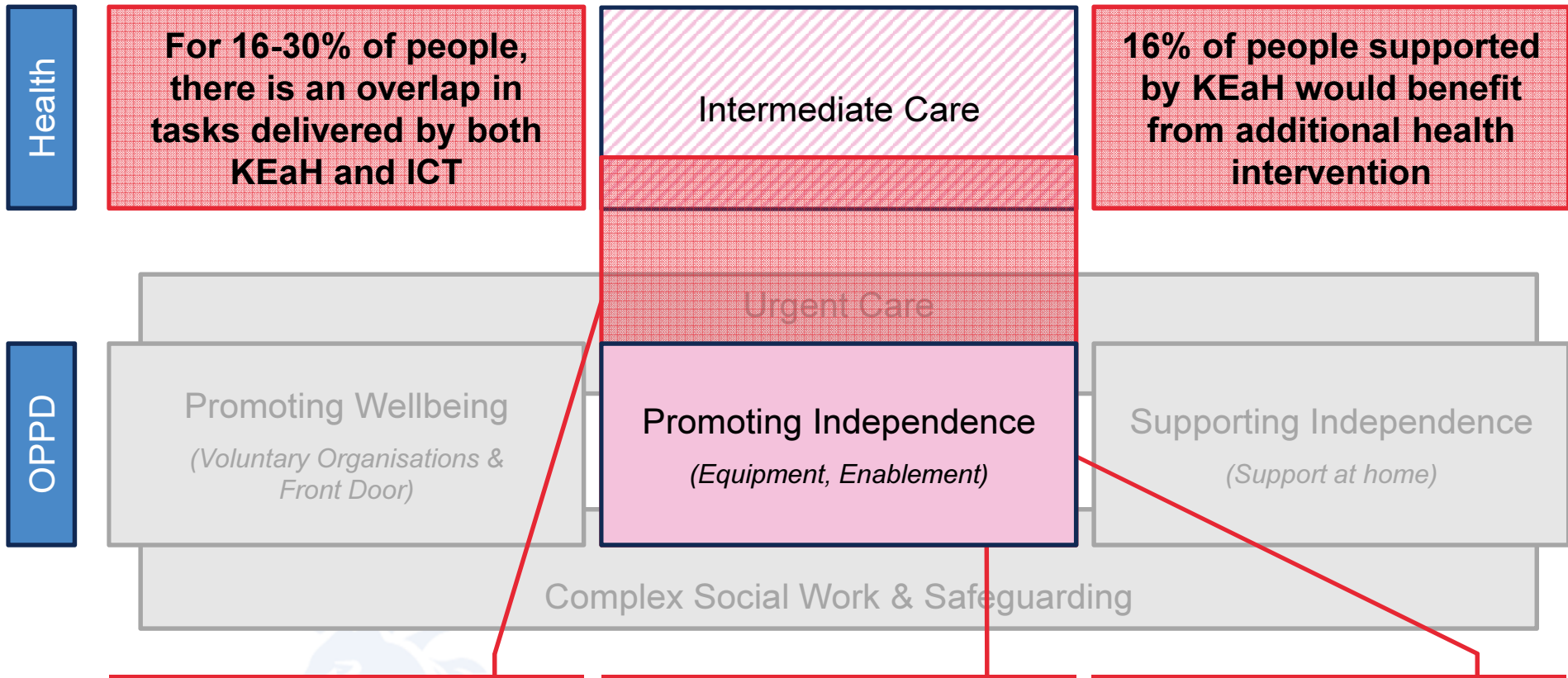
Skills, structure, and process at the front door need to be redesigned in order to maximise the use of community support before accessing formal care.

The system must be designed to incentivise the use of preventative services.

Older People & Physical Disabilities



Promoting Independence

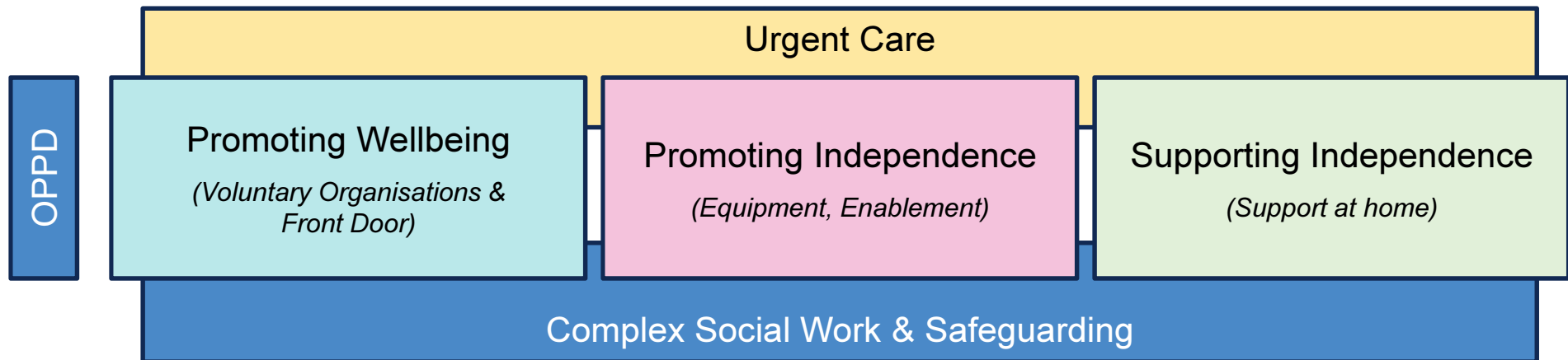


Design will consider methods for reducing duplication and increasing efficiency.

Process needs to be redesigned to account for existing health information and skillsets.

Design will consider the cost options of delivering enablement differently in the future.

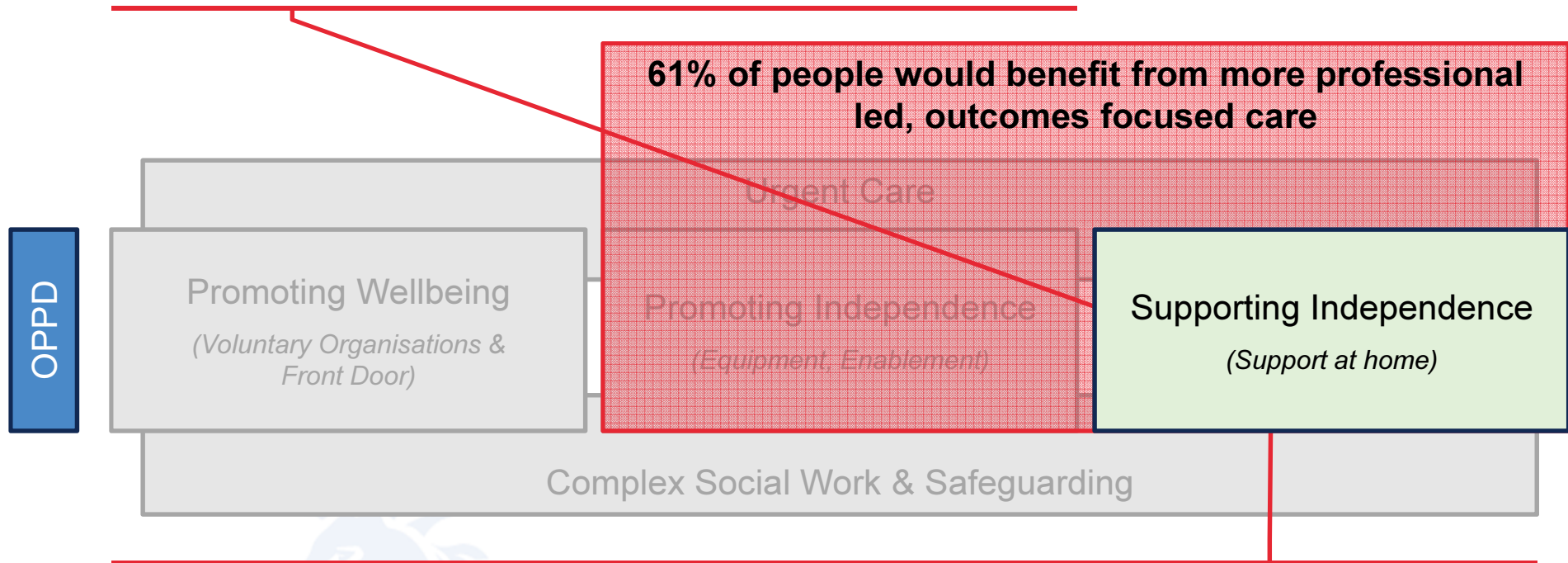
Older People & Physical Disabilities



Supporting Independence

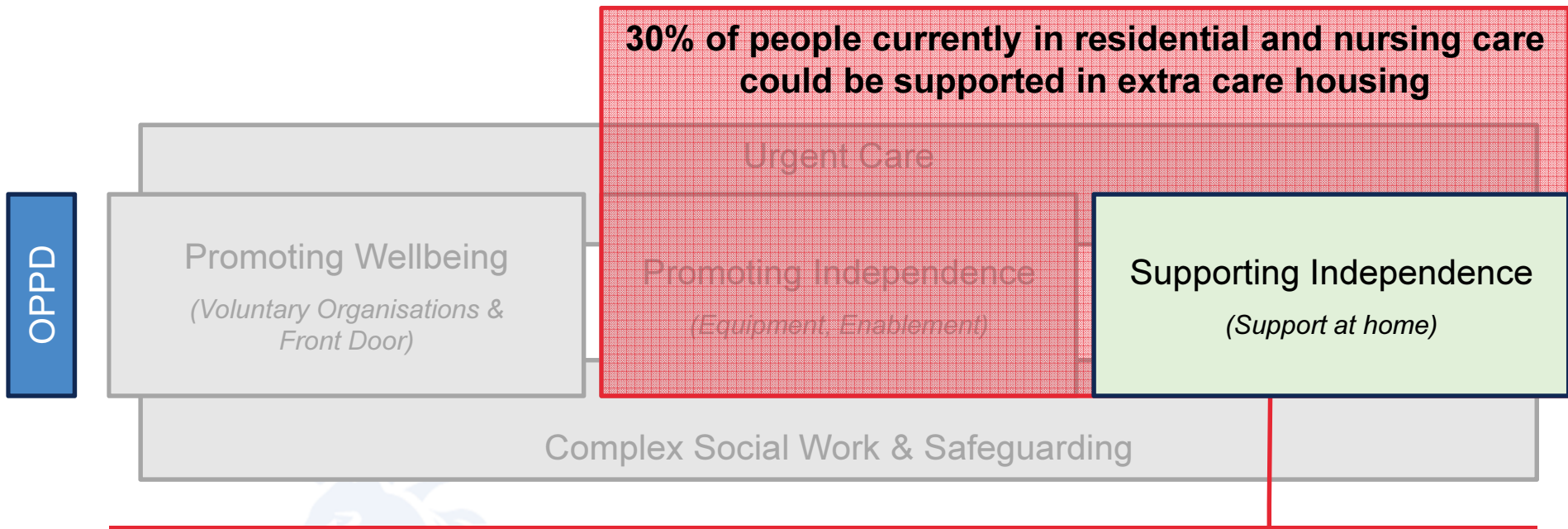


The homecare market is unstable and so design must consider what investment is required to support organisations to deliver differently in the future

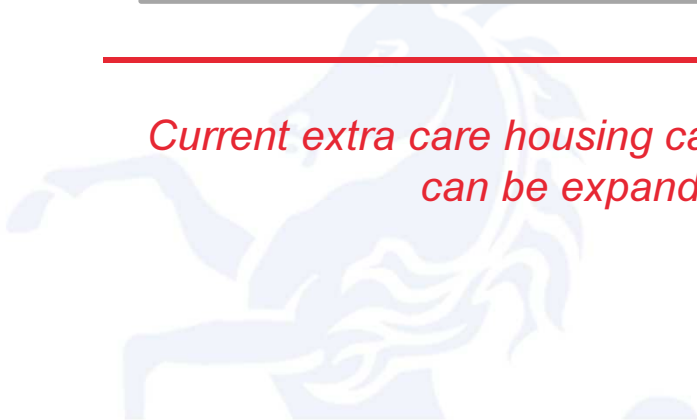


Individuals receiving ongoing care would benefit from a more outcomes focused approach. The system design must expand the professional input to the case management of people receiving homecare and incentivise an enabling mind set.

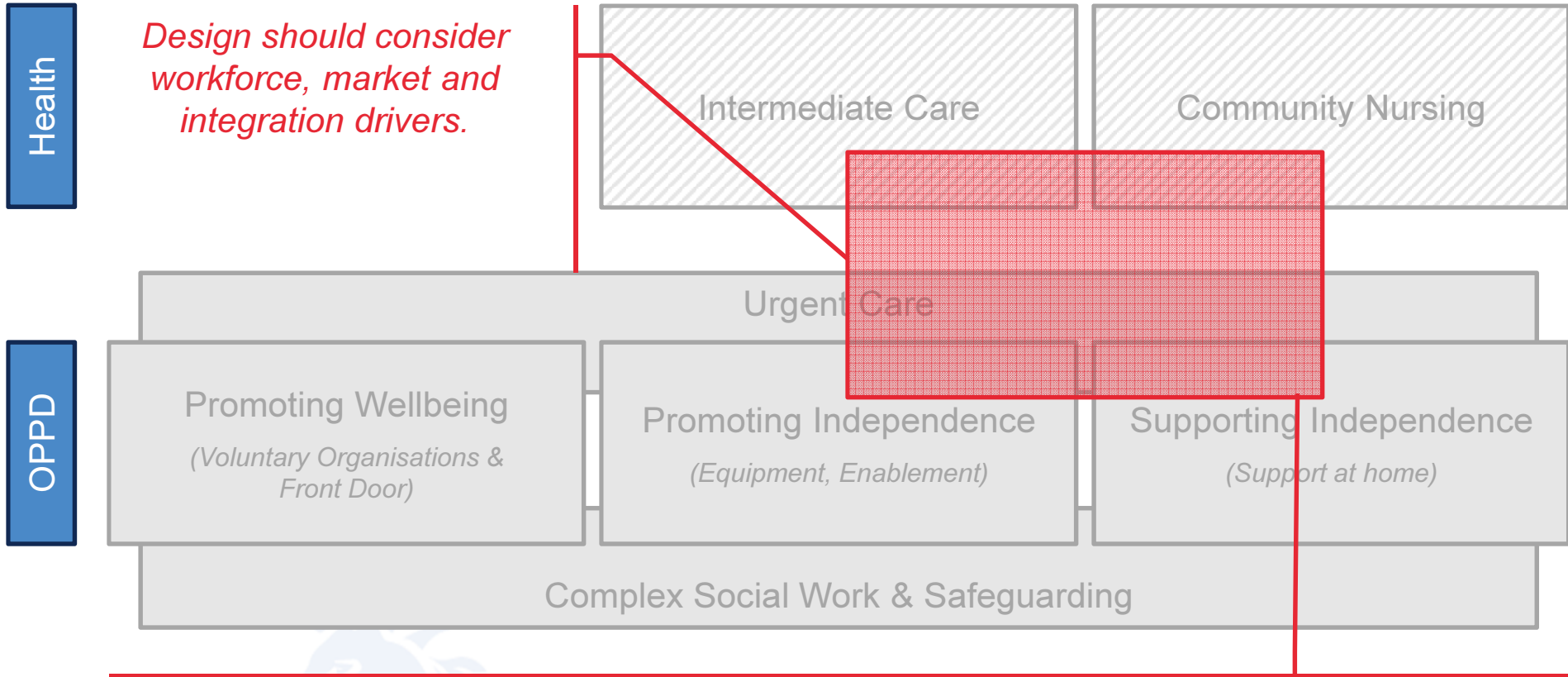
Supporting Independence



Current extra care housing capacity is fully utilised. Design must consider how capacity can be expanded in line with the accommodation strategy.

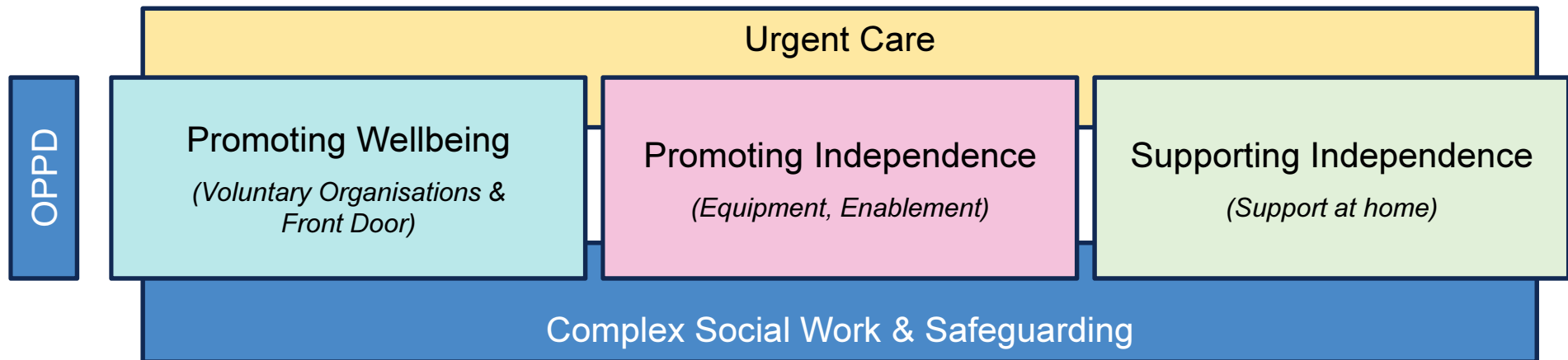


Considerations for Design



Given the evidenced benefit of professional input and resource coordination across all these services, design must consider what care model could deliver the best outcomes for the people of Kent. This design can form the approach to developing new models of care in the future.

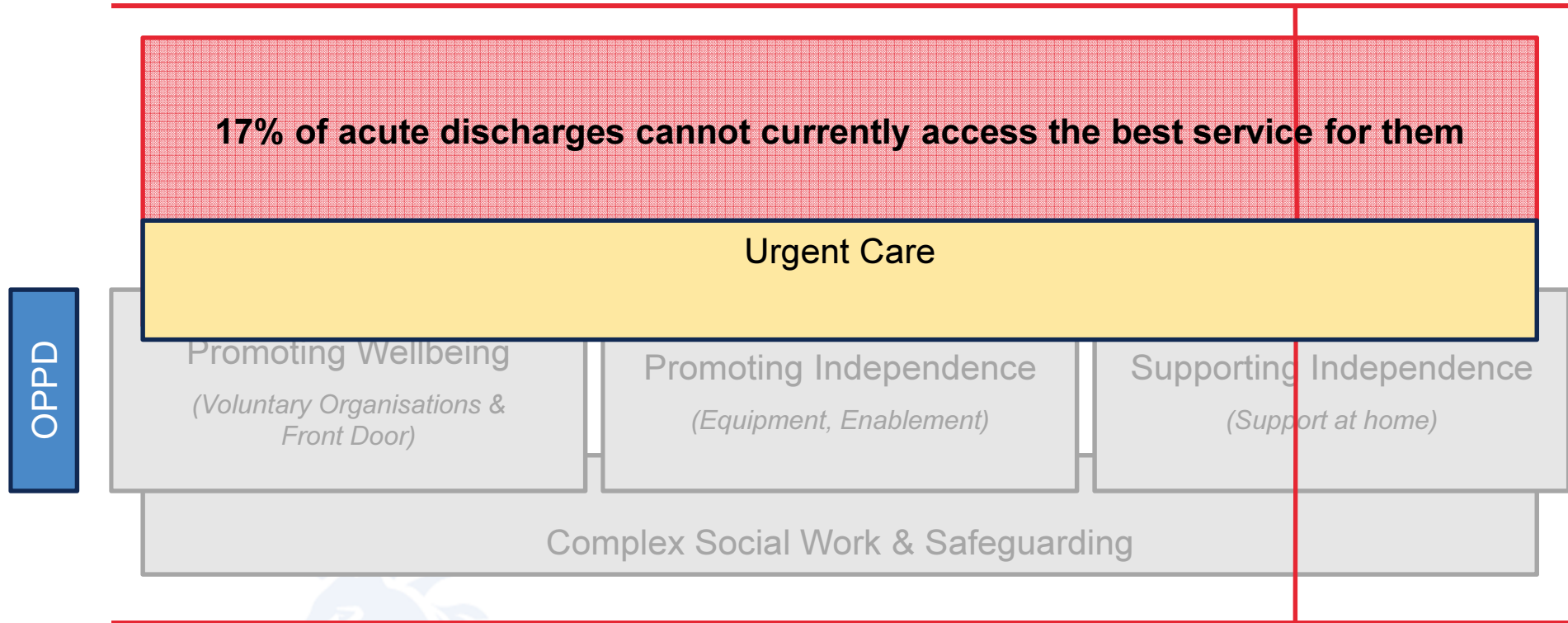
Older People & Physical Disabilities



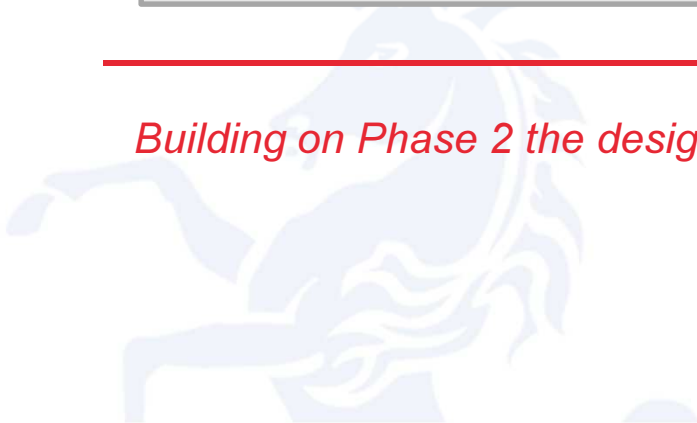
Urgent Care



Design should look to develop a consistent discharge pathway across all hospitals, which interfaces with the other areas of pathway design.



Building on Phase 2 the design work should look to build on observed best practice across all hospitals.



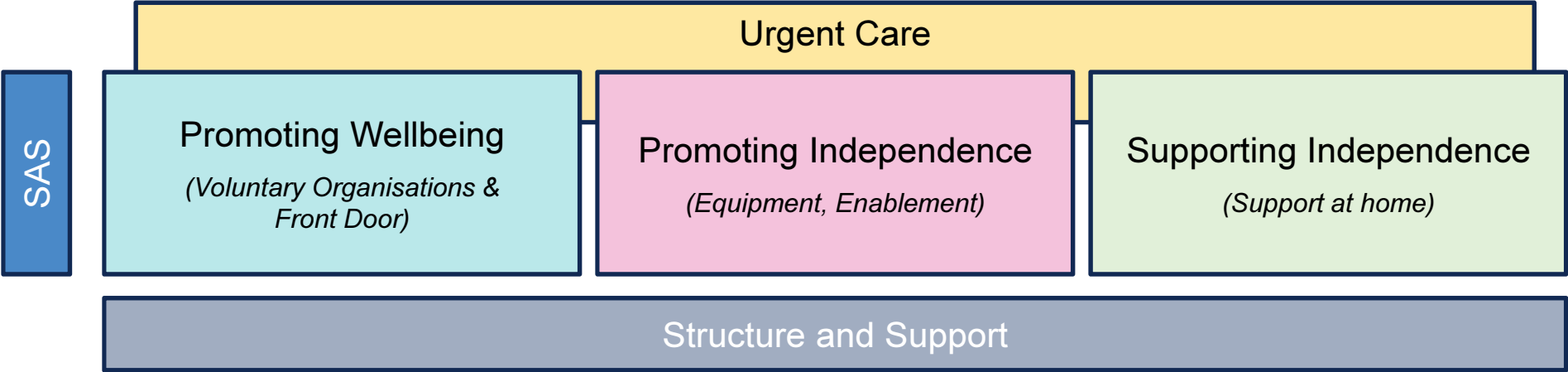


Headline Findings

STRUCTURE AND SUPPORT



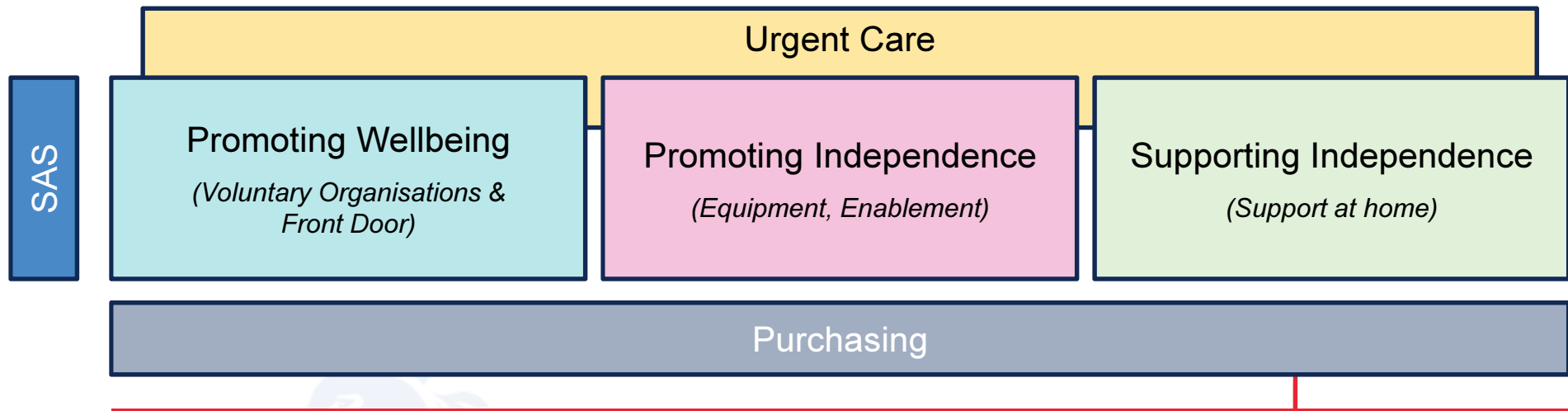
Structure and Support



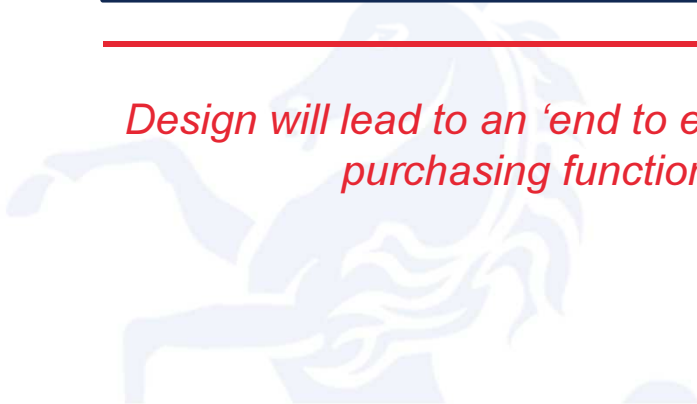
Purchasing



The time taken to purchase each care package could be reduced by 25%



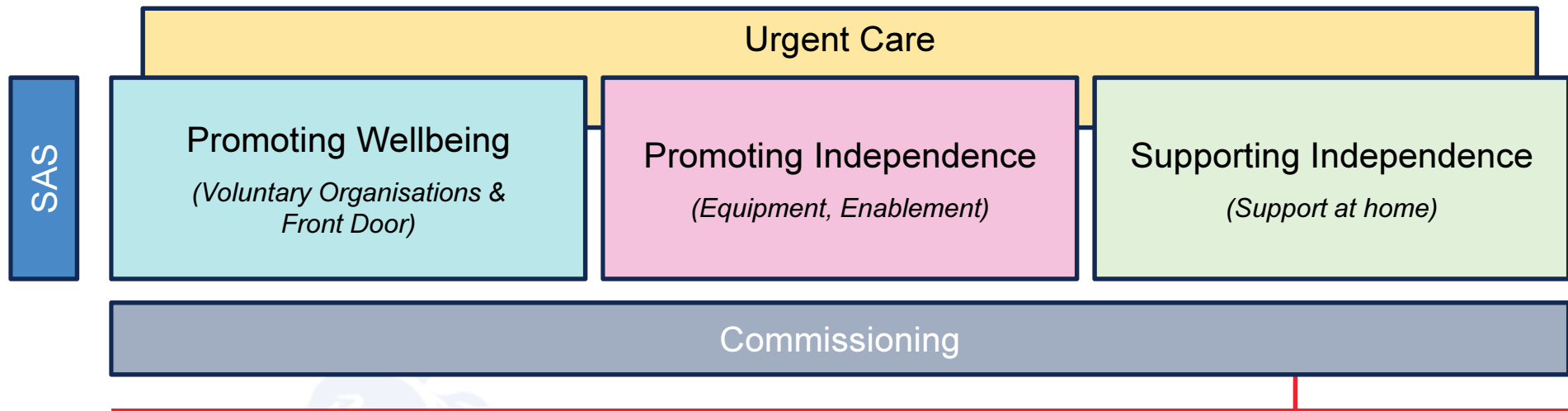
Design will lead to an 'end to end' purchasing function, which has a wider remit than current purchasing functions and absorbs the workload from practice teams.



Commissioning



The resource required to manage current contracts could be reduced by 31% by providing a consistent approach and using time more efficiently



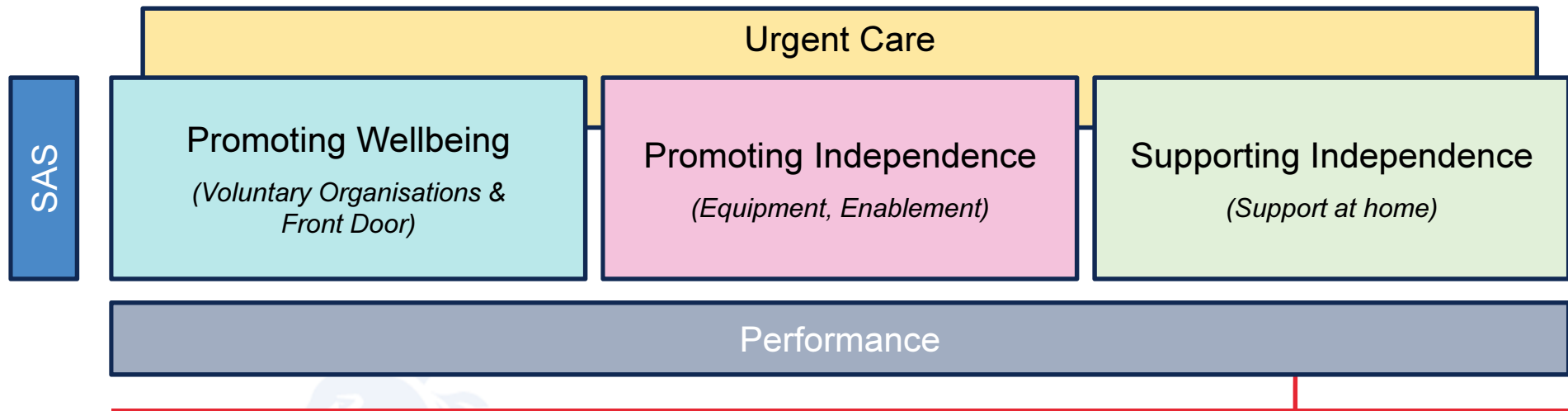
Design needs to consider the requirements to work jointly with health, to commission providers on an outcomes basis, and to build both capacity and capability within the voluntary sector.

Capacity and capability of commissioning will need to be enhanced in order to ensure that new pathways are able to operate effectively.

Performance



The efficiency of Performance could be increased by 36% through providing information to practice teams more efficiently, automation and software improvements



Design will need to consider the systems implications of pathways changes, how to share data with Health, and the requirements of minimising administration for practice teams in giving them the skills and access to value-adding operational data.