

From: Graham Gibbens, Cabinet Member for Adult Social Care
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To: Adult Social Care Cabinet Committee –
29 September 2017

Subject: **YOUR LIFE YOUR WELLBEING –
TRANSFORMATION PHASE THREE DESIGN
UPDATE**

Classification: Unrestricted

Previous Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Division: All divisions

Summary: This report provides an update on the progress of Design for the Your Life Your Wellbeing Phase 3 Transformation Programme.

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

1. Background

- 1.1 The Your Life, Your Wellbeing Transformation (YLYW) Programme was established to support the implementation of the new adult social care strategy. The intention is to deliver a practical translation of the vision; embedding improved outcomes achieved over previous phases of transformation and providing a sustainable platform for further change, improvement and integration, including delivery of Local Care within the Sustainability and Transformation Plan for Kent and Medway (STP).
- 1.2 The programme has been designed to identify opportunities for improved outcomes and efficiency which could be tested during a service design stage and then lead to implementation across the County. The assessment phase ran from August to November 2016 and design was agreed to begin in February 2017.

2. Design

- 2.1 The assessment was divided into three programme areas which align with the divisional structure of adult social care. For design these areas have been broken down into a selection of projects which ensure the required outputs to achieve the overall programme objectives are delivered.

3. Older People and Physical Disabilities (OPPD)

- 3.1 OPPD is focused on opportunities to re-design the whole pathway of support from preventative support in the community through to ongoing support for people who need long-term care. The key areas for design are:

Promoting Wellbeing

Commissioning a core offer of preventative, community support, provided by the Voluntary and Community Sector (VCS), to delay entry into formal health and social care. The pilot includes:

- A 'Wellbeing Coordination' role, which may be jointly funded by health and social care, to support access
- The 'front door' process, where people are referred to the appropriate service that can meet their needs. This may be to a commissioned service, such as the core offer in the voluntary sector, or for further assessment which may then require access to longer term support
- A digital offer, where people self-assess to access the provision.

Promoting Independence

Piloting a model of integrated rehabilitation and enablement, which includes all or some of the current Community Health and KCC functions and aims to:

- Improve people's experience through a consistent pathway
- Reduce requirement for ongoing care by making best use of the combined skill set of Health and Social Care
- Minimise duplication of activity and effort between Health and Social Care.

Supporting Independence

Piloting a model of outcomes-based homecare that:

- Incentivises providers to promote the independence of service users, building on principles of the in-house enablement service
- Provides the right professional input at the right time through a weekly Multi-Disciplinary Team meeting, including coordinating health and social care support and having Occupational Therapy support for goal setting and delivery.

Social Work

Design a model to deliver Social Work for OPPD that delivers more independent outcomes for individuals by focusing on the right professional skill set.

Purchasing

Design a model to deliver an end to end purchasing process across OPPD to increase the efficiency and control of the function and to ensure compatibility with new ways of working.

3.2 Key Findings to Date

Promoting Wellbeing

- The assessment phase identified that 40% of the people receiving less than 21 hours of homecare could have had part of their needs met within their community by voluntary organisations. Commissioning the voluntary and community sector to deliver a core offer of preventative, community support will delay entry into formal health and social care and meet some of these needs in the community
- Robust contract management and extensive market development of the voluntary sector will be required to ensure that the preventative and community support contract will develop services to meet these needs
- The 'front door' process (where people are referred to the appropriate service that can meet their needs) may need to be a commissioned service.

Promoting Independence

- A pilot is taking place in Ashford with over 300 individual referrals discussed to date. Daily caseload management calls have been established between Kent Enablement at Home (KEAH) and the Intermediate Care Team (ICT) to coordinate incoming referrals and identify the most appropriate pathway
- Weekly meetings are in place to discuss care plans and opportunities for coordinated service delivery. 20% of cases reviewed jointly had their care plan changed to make the best use of existing resources.
- Current findings indicate that 11% of the referrals to KEAH and to the ICT are duplicate. The two organisations both undertake needs assessments which mean the client may have two separate needs assessments resulting in a poor experience
- Currently, KEAH and ICT staff have different skill sets and are trained on different competencies. To create an integrated team both organisations will need to agree the mandatory training that needs to be undertaken. Otherwise the teams will continue to have inconsistent skills and therefore work separately
- ICT records are IT based, KEAH use a mixture of paper and IT based records, this can sometimes create delays in sharing information and duplication in collecting relevant information about a person.

Supporting Independence

- Pilot taking place in Whitstable, 39 individuals have been reviewed to date and had opportunities identified based on the outcomes they wish to achieve
- Weekly meetings are in place with the provider and pilot team to share outcome plans and agree the provider delivery plan. Currently, the provider has not taken responsibility for setting outcomes and completing reviews. However the future required skill set to achieve this has been identified by working closely with the provider care workers

- The future homecare model will require the provider market to develop a coordination and supervisory infrastructure which is not currently present. Evidence shows that care-workers can work to goals set and can deliver outcomes from goals if they are supported to do so.

4. Disabled Children, Adult Learning Disability and Mental Health (DCALDMH)

4.1 The DCALD transformation programme has already redesigned the pathway for young people and adults with a disability with the implementation of the Alliance Contract, Lifespan Pathway, Your Life Your Home and Kent Pathways Service. This phase of the transformation programme will focus on improving practice, understanding capacity and demand for internal and external services and commissioning outcome based services to meet needs across the pathway. The key areas for design are:

Care Package Design

Piloting a strength-based approach to deliver outcomes by:

- Developing practice to review support and ensure that individuals are receiving the right support to enable them to achieve outcomes
- Ensuring providers support individuals to meet their goals and promote independence of service users
- Commissioning the right services to support independence.

Targeted Interventions

Review areas of spend and practice across DCALDMH and implement solutions that will streamline expenditure and, where possible refine practice by:

- Realising savings through reviewing the number of 1:1 hours in residential placements that have been commissioned but are not being provided
- Ensuring that shared hours in supported living are provided in a way that maximises value for the service user.

In house Provision

The In House assessment findings were agreed at the Adults Portfolio Board in June 2017, a design team has been established to include representatives from across the in house service to support the design process. In house design will focus on:

- Improving quality whilst providing a flexible workforce able to support Lifespan Pathway services
- Streamlining processes which will maximise resources
- Providing support for those with complex needs
- Investment in buildings which will support Lifespan Pathway services.

4.2 Key Findings to Date

Care Package Design

- Pilot started in May in the Ashford, Canterbury & Coastal Community Learning Disability Team (clients 26+) supporting practitioners to prepare for planned reviews, by working with providers to provide

information prior to a review. There has been a good level of dialogue and collaboration with providers in the pilot team area

- There is an active dialogue between the work in the Lifespan Pathway 0-25 and this project, to ensure that approaches taken are consistent wherever possible so that a given individual will experience a continuous Lifespan Pathway
- Work is underway to develop a continuous commissioning feedback loop to ensure the right services are commissioned to meet current and future demand; this will support the development of the Supporting Independence Service (SIS) framework.

Targeted Interventions

- Across 1:1 residential support and shared hours in supported living, reviews have taken place of packages which has led to changes in care and support plans and improvements in value and outcomes.

In House Provision

- Work has commenced on workforce design discussions and on preparation for consulting on the future of the Independent Living Service (ILS)
- Design workshops started on 10 August, to look at tools and processes and a pilot of these will take place in October in readiness for implementation.

4.3 Mental Health

The Mental Health Transformation programme is continuing to transform the pathway, building on Live Well Kent, Primary Care Mental Health Services and the Kent Enablement and Recovery Service. This phase of the transformation programme is focusing on supporting independence and ensuring people are within the best model of care to support their needs within the pathway.

Mental Health Your Life Your Home

Piloting a dedicated social care team to undertake reviews of people currently in residential care:

- To support people to live more independently and, where possible, move back into a community setting
- To redesign the acute discharge processes to ensure that people are discharged into the best model of care to meet their needs, resulting in a reduction of residential placements from acute
- To ensure that appropriate Section 117 and joint funding applications have been made for those in residential care
- To review high cost Supporting Independence Service (SIS) packages and ensure robust feedback to commissioning to influence the development of a range of flexible and responsive SIS and SIS plus options which maximise use of universal services.

Key Findings to Date

- The Primary Care pilot started in June 2017 at this time, the Service Manager for the team came into post and the Mental Health Social Work Primary Care team started to review cases
- Primary care have undertaken 20 reviews and four individuals have been identified as suitable to move out of their current residential placement, each individual move will take approximately 12 weeks once suitable accommodation and support is identified.
- The secondary care pilot started in August 2017, with two brand new social workers joining Kent and Medway Partnership Trust (KMPT) starting to undertake reviews of individuals managed by secondary care
- There is a high proportion of older people (+65) currently in mental health residential placements, so we are working closely with the OPPD teams to manage the pathway for individuals.

5. Areas of Joint Work

- 5.1 Two areas of design are currently taking place across all the adult pathways. The first is to develop a flexible, outcome based commissioning framework for homecare and SIS to meet the needs of Older People, People with a Physical Disability, Disabled Children, Adults with a Learning Disability and Complex Needs (Transforming Care). This has been delayed in delivery due to the work required to secure an interim home care contract.
- 5.2 The second is to undertake a safeguarding assessment to understand how Strategic Safeguarding and DCALDMH Safeguarding currently work and identify the key components of an effective safeguarding model for the different areas of adult social care in the Council.

6. Commissioning and Performance (Structure and Support)

- 6.1 The assessment looked at structure and support functions to develop knowledge of the current efficiency of key functions and provided an understanding of the most effective way in which these could be designed to support new pathways in adult social care. Following the creation of Strategic Commissioning Division a targeted piece of work was delivered to provide visibility of resource for Commissioning and Performance, with no further activity planned for this workstream.

7. Planning for Implementation

- 7.1 An update on the outcomes of design was presented to the joint Strategic Commissioning Board (SCB) and Budget and Programme Delivery Board (BPBD) on 19 September. The full business case with further detail of the plans for implementation, along with discussion about sustainability and confidence in the realisation of expected outcomes will be discussed further with SCB and BPBD in November.

7.2 Following formal approval to commence implementation it is expected that a KCC team will implement new pathways and structures across the county.

8. Financial Implications

8.1 The final assessment identified potential total savings of £15.5m. However the proposed changes are highly complex – both in terms of innovation and reliance of partners for delivery in some areas.

8.2 As part of design the Adults Transformation Portfolio Board has established a Finance and Performance Group to identify the required KPIs to monitor and assure the financial assumptions being made during design. This group will continue as part of implementation to monitor the delivery of the identified opportunities.

9. Legal Implications

9.1 There no legal implications of the information in this update. Full consideration of legal implications will be given during planning and delivery of service design.

10. Equality Implications

10.1 Equality Impact Assessments have been undertaken in relation of each area of the development of the full business case and will inform the way that new pathways are shaped and tested.

11. Recommendation

11.1 Recommendation: The Adult Social Care Cabinet Committee is asked to COMMENT on the information provided in the report.
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12. Background Documents

None

13. Lead Officers

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