CITY OF WOLVERHAMPTON COUNCIL

Adults and Safer City Scrutiny Panel

28 March 2017

Report title	Older People Assessment and Care Management – Promoting Independence Project Update
Decision designation	AMBER
Cabinet member with lead responsibility	Councillor Sandra Samuels O.B.E Cabinet Member for Adults
Key decision	No
In forward plan	No
Wards affected	All
Accountable director	Linda Sanders
Originating service	People
Accountable employee(s)	David Watts — Service Director, Adult Social Care Tel — 01902 555310 Email — David.watts@wolverhampton.gov.uk
Report to be/has been considered by	People Leadership Team (20 March 2017)

Recommendation(s) for action or decision:

Adult and Safer City Scrutiny Panel is asked to note the content of the following report.

1 Purpose

1.1 The report addresses matters arising from the previous Adult and Safer City Scrutiny Panel, where the Service Director for Adult Social Care was asked to return with an update about the progress of the promoting independence for older people project, which commenced on 18 April 2016 and is due to close on 1 June 2017.

2 Background

2.1 On April 5 2016, Cabinet Resources Panel approved the use of £375,000 from the Council's efficiency reserve to enable the Older People's service to reduce current levels of outstanding reviews whilst at the same time develop new ways of working.

2.2 The initiative was also identified as a key part of the Transforming Adult Social Care (TASC) Programme, supporting the on-going objective to promote independence for Older People (one of the key elements of underpinning future budget reductions).

2.3 The goal to reduce outstanding reviews was also linked to the Council's statutory duties under the Care Act (2014) which instructs all local authorities to ensure that people in receipt of support plans are reviewed at least once every 12 months.

2.4 The report went on to recommend that the investment should be used to fund a dedicated team to test out and refine new ways of working and in the process to address those outstanding unallocated assessments and scheduled community reviews. The team (named as the Promoting Independence Team) were established on 18 April 2016 and will continue to undertake reviews until 13 April 2017.

3 Progress against the delivery strategy

3.1 Project objectives were clarified early on in the project, which allowed for a focused approach to the work with clear performance measurement targets put in place and refined over the course of the early project meetings.

3.2 In regard to key objectives and outcomes, the project was linked directly to the Corporate Plan priorities for the People Directorate:

Key objectives:

- Promoting independence for older people
- Enabling communities to support themselves

Key Outcomes:

- Older People are able to live independently with more choice and control over their daily lives.
- People have access to information and advice to maximise income and independence.

- Performance and transformational improvement will be supported by the provision of innovative and robust ICT solutions.
- The council remains fully compliant with policy, governance and legislative requirements whilst effectively managing its key business risks
- Efficiency and income generation opportunities are maximised.

3.3 To realise the stated objectives and outcomes for the project, the following measurable benefits were introduced (as defined in the Cabinet Resources Panel approved business case) and monitored closely through the project:

Non-cashable:

Benefit	Performance (to 19/3/17)	Status
Delivery of 627 community reviews during the course of the project	**The Promoting Independence (PI) team has completed 634 community reviews** – including OT cases and emergency discharges from hospital. As such, the team has exceeded their target	**Completed**
Target pace at a minimum of 2.5 community assessments/reviews per worker, per week (pro-rata)	The PI team (including the dedicated OT staff) have performed at an **average of 2.4 community assessments/reviews per worker, per week** (pro-rata)	**On target**
5-10% of all in-scope community reviews to benefits from further reablement input (31-62 cases)	The reablement referral rate for people who have worked with the PI team is **within the target range at 6.0%**	**On target**
At least 50% of the cohort to be in receipt of telecare by the end of the project	The latest measurement demonstrates that **over 75% of the people who have worked with the PI team had either already got a telecare service in place or were referred to the telecare team.**	**On target**
Improvements to customer outcomes (measured through the ASCOT SCT4 tool – described in detail in section XX)	At present the ASCOT data suggests a **slight overall improvement in customer outcomes** for those people who have worked with the PI Team.	**On target**

Cashable benefits:

Benefit	Performance (to 19/3/17)	Status
A minimum of **£250,000** resulting from a reduction in support spend due to increased levels of independence in 16/17 (equivalent to an average reduction of 1.25 hours of domiciliary care – based on current rates of £13.72ph)	As a result of the work undertaken by the PI team **£274,000 is projected as the reduction in support spend during 2016-17**	**On target**
A further **£560,000** resulting from the full year effect of the 16/17 reduction in support spend, verified in 17/18 (equivalent to an average reduction of 1.25 hours of domiciliary care – based on current rates of £13.72ph)	As a result of the work undertaken by the PI team in 2016-17 **£562,000 is projected as reduction in support spend for 2017-18.** Finance will continue to monitor this and will report back on a final figure at the end of 2017-18	**On target**

4 The Promoting Independence (PI) Team

4.1 The PI team was established on 18 April 2016 immediately following the approval of the Cabinet Resources Panel report. The team initially operated with 5 core team members (social workers and social care workers), 1 Advanced Practitioner and 2 dedicated Occupational Therapists. 3 further core team members started in post at the beginning of June 2016.

4.2 The PI team operated in line with a business case recommendation and worked on a locality by locality basis in regard to addressing the identified cohort of people with outstanding community based reviews.

4.3 An early decision was made **not** to co-locate the PI Team. This meant PI Team members would operate out of existing locality bases, and reduced the need to incur any costs involved in setting up a bespoke team location. Anecdotal feedback has also suggested that the members of the team have been actively sharing their experience of developing new ways of working with other non PI Team members in their locality bases, which further data analysis could demonstrate has had a positive impact on support spend and customer outcomes outside of the designated cohort of service users working with the PI Team.

4.4 A fortnightly team meeting was established, which provided an opportunity for the team to get together and discuss issues of practice, detail any new ways of working trialled, to reflect on individual cases and to invite members of other related services (such as Carer Support, Welfare Rights and Telecare) to improve join up across the directorate. It also became a forum for focusing on the team's performance and provided a platform to

manage the operational trajectory of the project – in line with advice and guidance from members of the project's steering group.

4.5 At least one member of the PI team in addition to the designated Advanced Practitioner was also able to attend each of the weekly project steering group meetings – this has been captured as an important lesson to learn from this project, as it helped to provide a clear link between the strategic and operational elements of the project. A key feature of the steering group meeting involved a member of the PI team feeding back about any specific examples of good practice, and highlighting any issues that the steering group might need to manage or escalate.

5 Project and Performance Management

5.1 Strong performance and project management structures were established, aided by the clarity of the delivery targets outlined in section two, and well championed by the Service Director, who operated as the project's senior responsible officer (SRO) – chairing each of the projects hour long weekly project steering group meetings.

5.2 It is evident that the structure of the project worked well, as when the Directorate experienced a leadership change in October 2016, the newly appointed Service Director for Adult Social Care was able to step straight into the role as project SRO, successfully building on the good progress of the project.

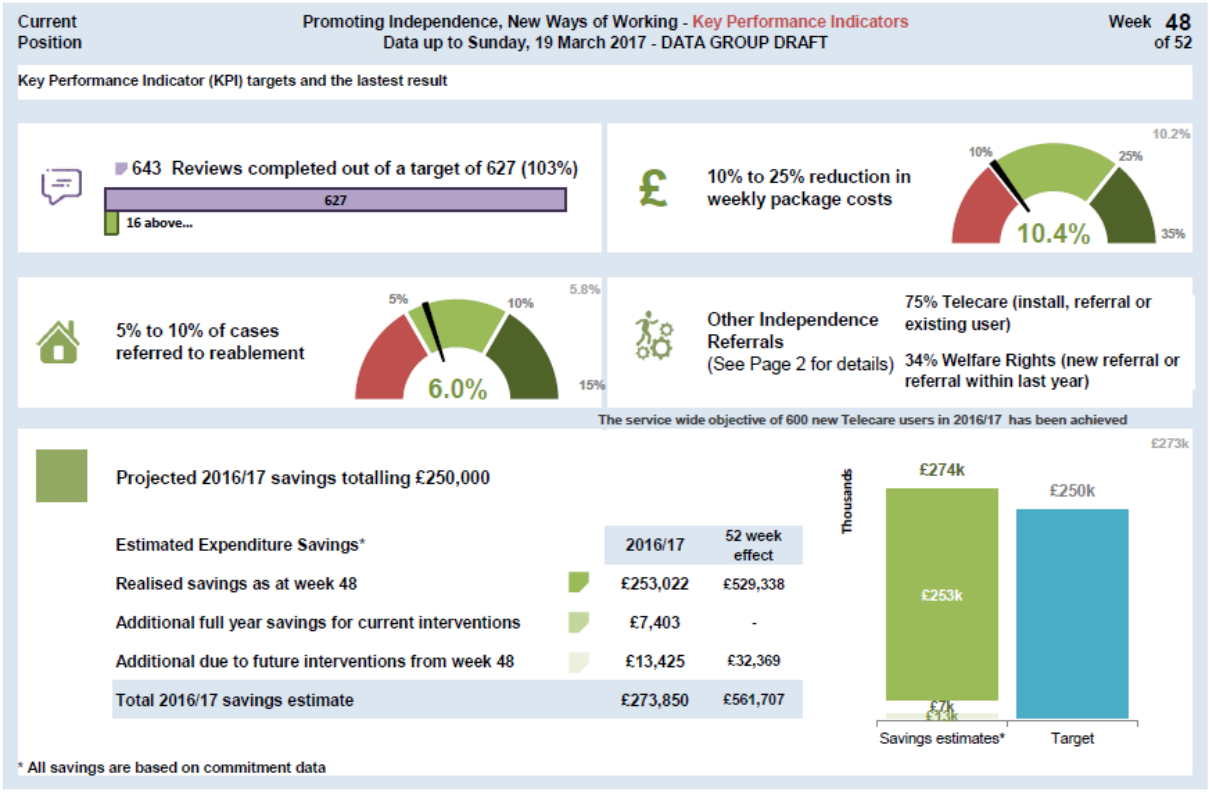
5.3 The project steering group was well represented each week by key stakeholders from across the Directorate and the wider business, including:

- Care management
- Carer Support
- Provider Services
- Commissioning
- Independent Living Service
- Financial Services
- Insight and Performance
- Projects and Programmes Team

5.4 This wide range of stakeholders, all demonstrating good levels of involvement in the project has been pivotal in helping the project to achieve its aims so far. With their regular input and with guidance by the Service Director for Adult Social Care, the decision making process was clear and key decisions and changes could be made and implemented quickly.

5.5 The project steering group quickly standardised a one hour meeting agenda which had a key focus on performance management and the monitoring of the key project targets. With the involvement of key stakeholders and the continuing efforts of the senior business intelligence analyst, this focus was easily achieved through the production of a project dashboard which provided an 'at a glance' view of project performance:

FIGURE 1: Project Performance Dashboard: Promoting Independence: New Ways of Working (as at 19/3/17):



5.6 The PI team also contributed directly to the provision of performance data through their input into a team level performance data sheet. This required them to complete a short summary form (5-10 minute task per client) which contained information difficult to extract directly from the usual case management system information. This enabled the project to have access to a team level data set which the advanced practitioners could use highlight the performance of individuals within the team.

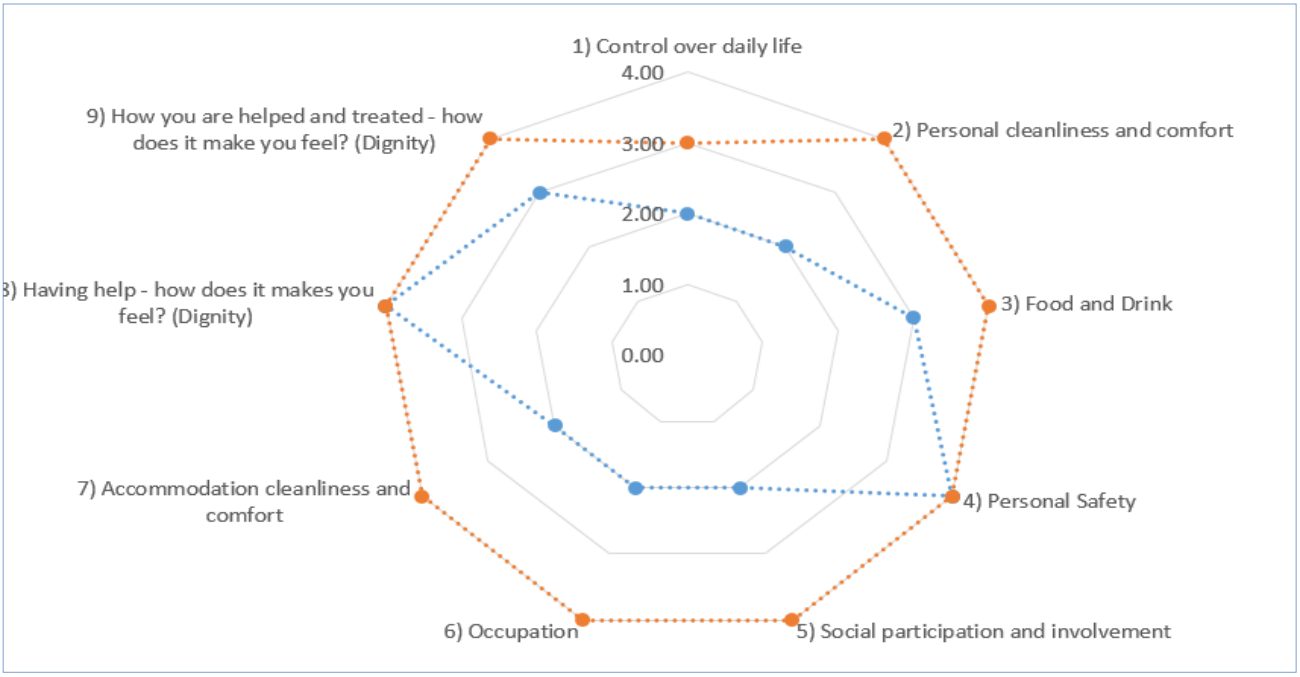
6 Use of the Adult Social Care Customer Outcomes Toolkit (ASCOT)

6.1 Throughout the project, there has been a strong focus on the importance of customer outcomes as a result of the work. It was important to deliver a number of outcomes including increased independence, reduction in spend but also increasingly evidence positive outcomes for those individuals involved, or without being able to demonstrate compliance with key duties around meeting need as outlined in the Care Act (2014)

6.2 In order to demonstrate good outcomes, it was agreed that the project's benefit measurements would include the recording of a person's self-reported social care related quality of life as detailed by the Personal Social Services Research Unit (PSSRU) as part of the Adult Social Care Outcomes Toolkit (ASCOT).

6.3 To capture this information, people were to complete a short questionnaire which asks them to score a number of areas (called social care related quality of life indicators) out of 4 - 4 being ideal state, 1 being high needs. The results of this questionnaire equate to a total outcomes score which can then be recorded again at a later date to measure how someone self-reports their quality of life after the promoting independence (PI) review:

Figure 3: Example of ASCOT feedback from customer – Female, aged 88 (Blue = before PI Team review, RED – after PI review):



6.4 The ASCOT data collection started in November 2016 and follow up data is captured 12 weeks after an initial ASCOT questionnaire. There remains a number of follow up questionnaires to be completed, but in all but one case so far, the data is demonstrating an improvement to the social care related quality of life indicators for those people 12 weeks after they had their PI Team review.

7 Case studies from people who have worked with the PI Team

7.1 Observational and case note data collected throughout the course of the project has allowed the team to demonstrate some excellent examples of their case work during the course of the project allowing brief case study summaries to be developed. For some examples of these, please see **appendix A** of this document.

8 Project summary and lessons learned

8.1 The PI Project Steering Group and several members of the PI Team met on 3 February 2017 to reflect on the project to date and capture key lessons learned that could be used to improve future business practice.

8.2 The 'lessons learned workshop' focused on aspects of delivery relating to people, processes and technology. The following is a short summary of the information collected:

8.3 **Best Practice (PI Team approaches):**

- The team worked closely with two dedicated Occupational Therapists (OT) and team were able to help to prioritise cases with reablement potential and those currently requiring two-handed care. The dedicated OT's were able to positively intervene in hospital discharges and two-handed care prior to review.

- Two carer packages were prioritised and reduced where safe to do so. More recently the team have worked closely with one particular provider and improved relationships with their risk assessor as well as meeting the same staff involved in several cases. This has resulted in better educating the provider and their staff and allowed for easier transition to reduced cost packages.

- Good streams of information passing between team helped to inform decision making in regard to appropriate referrals (The regular information produced by the Telecare Team about individuals scheduled for a review was a good example of this)

- Regular Reflective meeting helped the team to work together more effectively, providing a platform for sharing progress and advice with colleagues even when not co-located. Attendance at these meetings from other services helped to promote more holistic thinking – Carer Support referrals rose notably following a carer support representative joining the reflective meeting to discuss processes.

- The team participated actively in their own performance management monitoring, completing short summaries of their work which have helped to compliment and confirm information produced by the insight and performance team and has supported the development of some excellent case studies.

- The revised system of appointment scheduling help to increase productivity, with the social workers not needing to spend valuable time arranging visits. This was achieved through a letter system and a follow up call nearer to the appointment.

- The focus of the review was asset based – concentrating of the things a person could do, and what they wanted to achieve for themselves. As a result, stories of people regaining levels of independence became evident (see case study 1 – appendix A)

- Scrapping the OT referral in favour of referral by message was a positive for social care workers and saved time and energy, but still delivered the same outcome for customers.

- Implemented a mechanism to record cost avoidance on the team spreadsheet. This now provides a new source of evidence not previously available - although further analysis is required on how to measure the full effect.

- The use of tablets and smartphones to gain access to the internet in client's homes proved useful, and allowed for more informed conversations about available opportunities in the community. There is now a planned rollout across the service – with nominated champions from within the service intending to share good practice.

8.4 **Best Practice (Project approaches):**

- Having the Service Director as the chair of the project steering group was effective, allowing timely decisions to be made at the point of discussion, rather than waiting to escalate.

- The business case was good (although some improvements could be made to similar future documents to avoid any ambiguity). Targets were clear and enabled the production of good performance management tools

- Excellent stakeholder engagement from all involved. Key members committed to regular attendance at a focused, one hour project meeting with a largely standardised agenda to ensure that time was used well with clear action resolutions at each meeting.

- Members of the PI team alternated their membership at the steering group and were a key part of decision making. This helped to develop a sense of shared ownership of the project - instead of a two tier strategic/operational divide which might have formed.

- The involvement of business support colleagues from Project Management, Financial Services and Insight and Performance helped to keep the project focused on key deliverables and provided the tools to closely monitor performance throughout the project.

- The development of a clear, easily communicable performance summary dashboard prompted lots of relevant debate and raised questions which helped steer key decisions in the project.

8.5 **Areas for improvement:**

- Earlier in the project it would have been useful to provide an information pack for clients to let them know how their review would work (this has now been developed).

- There were some early delays in refreshing the review cohort, which led to a drop in productivity that could have been avoided.

- Better communication with the wider workforce throughout the project would have been preferable, in order to ensure that everyone was engaged in the development of the 'new ways of working' and could begin to embrace change earlier. Communications planning is now in place and addressing the question of how the positive lessons from the PI Team are cascaded into the wider workforce.

- Even with the dedicated OT staff, the large volume of OT referrals led to longer waiting times for those in the cohort with OT requirements. Given that OT input yielded some of the best results in terms of both savings and regained customer independence, there was a strong argument to apply additional resource in this area.

- A more systematic approach to identifying the order of working with those clients requiring a review would have likely yielded higher levels of savings – having completed some likely larger reductions earlier in the year. The approach taken was on a locality basis, which was not optimum approach in regard to maximising savings potential.

- Some IT issues were experienced in regard to kit issued. IT services should work closely with affected staff to troubleshoot any user error and diagnose any technical problems with the equipment itself.

9 Options going forward

9.1 An end of project timeline has been agreed which requires members of the PI team to complete their final appointments with customers by 13 April 2017. The team will then have a further six working weeks (until 30 May 2017) to undertake all the necessary support planning work and complete any open cases.

9.2 The project will continue to track savings progress for a further 12 weeks to ensure that any changes made to services in 16/17 are monitored. Beyond that point, Corporate Financial Services will provide regular updates to verify the levels of full year effect savings that result from the review work that the team has undertaken.

9.3 Moving forward, consideration is being made as to whether a dedicated team has a potential longer term role or whether through a series of planned development events and by utilising key evidence and documents gathered during the course of the project, the good practice developed during the project will be cascaded out to all social care staff in the Directorate.

9.4 Given the success of the project in regard to delivering on its intended benefits, some analysis work will be undertaken in order to ascertain if there is a wider rationale for the permanent setup of a team to specifically undertake reviews. As over a 12 month period the project has been able to prove the 10% package reduction change which was predicted in the business case, it would indicate a possibility that a similar, but more permanent approach could have similar positive outcomes.

10 Financial implications

10.1 On April 5 2016, Cabinet Resources Panel approved the use of £375,000 from the Efficiency Reserve to enable the Older People's service to reduce current levels of outstanding reviews whilst at the same time develop new ways of working. The current forecast expenditure against this budget is £349,000. The business case part year saving target for 2016-17 was £250,000. The current forecast saving is £274,000 (based on activity to date). The full year estimated saving for 2017-18 identified in the business case was £560,000. The current full year saving forecast for 2017-18 is £562,000 (based on activity to date).
[AJ/21032017/F]

11 Legal implications

11.1 There are no legal issues arising from this report
[Legal Code: TS/21032017/R]

12 Equalities implications

12.1 There are no equalities implications arising from this report

13 Environmental implications

13.1 There are no environmental implications arising from this report

14 Human resources implications

14.1 There are no HR implications arising from this report

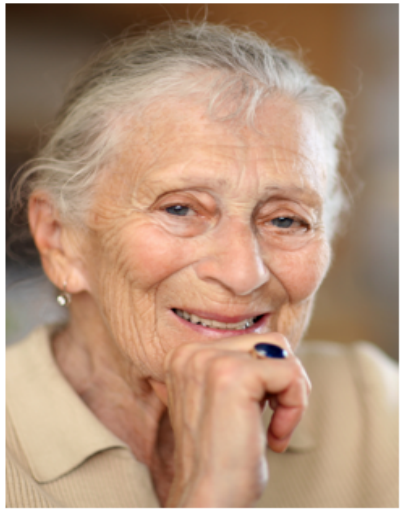
15 Corporate landlord implications

15.1 There are no Corporate Landlord implications arising from this report

16 Schedule of background papers

16.1 Additional Resources to Support Older people's Savings Targets for 2016-17 (Cabinet Resources Panel (April 5 2016)

Case Study 1:



Summary of intervention:

Mrs S suffered from a stroke which left her paralysed on her left side. She had been receiving a number of calls to assist with personal care.

Where possible, Mrs S is keen to remain as independent as possible and often uses taxis and Ring and Ride to maintain her social activities and hobbies outside of her home.

Following the review from the PI Team, Mrs S has been working with an Occupational Therapy Assistant to help her to re-develop more independence in regard to personal care.

Mrs S - Outcomes:

The work with Mrs S has already led to an increase in her independence in regard to personal care. Several calls, including some in the evening have been significantly reduced or removed entirely as a result of this.

She stated *"It's great now because if I want to go out I don't have to rush back home at night!"*

An OT review is scheduled in 3 months to see if full independence can be regained

She also advised that she has received the information about social activities in her area and is hoping to join a group to undertake some light exercise which will further help her to maintain a good level of independence

FYE Saving: £4,280.64

Case Study 2:

Summary of intervention:

Mr B was receiving care and support to help him manage with a number of personal care needs.

As a result of the work, Mr B's needs have been reviewed and his support arrangements have been checked to ensure that they are still contributing to good outcomes for him.

He has also been introduced to a variety of information to help him to socialise more in the community.

Mr B - Outcomes:

The care in place was identified as being appropriate and required to continue in order to meet Mr B's varying needs and to promote his wellbeing.

Since the review, Mr B and his wife have been introduced to a range of information about community based activities and have recently used ring and ride to attend a trip to Mecca bingo which Mr B enjoyed. They are keen to continue with similar trips and activities. With a more traditional approach, this conversation may have simply resulted in a day-care placement.

Mr B's wife was present at the review and highlighted concerns about her own health and her role as a carer. She gave consent to pass on her details to the carers support team to discuss an assessment of her own needs.

FYE Saving: £0.00 – but outcomes improved through improved community activity signposting.

Case Study 3:

Summary of intervention:

Mrs L lives with her husband and was in receipt of 4 daily calls from 2 carers.

An Occupational Therapist (OT) assessed that with some basic equipment, Mrs L was independent when transferring from a sitting to a standing position, negating the need for the second carer for the lunch, tea and evening calls.

Mrs L was still reporting difficulty with her bed mobility though and two carers were physically assisting her out of bed during the morning call so further work was needed.

Mrs L - Outcomes:

The OT returned to assess Mrs L with a sliding sheet system that would allow one carer to assist her but at this stage Mrs L declined further equipment and agreed to attempt an alternative technique which proved successful as she was able to independently position herself in bed.

Mrs L now only requires single carer calls and it is hoped that the following outcomes will be positive for Mrs L and her carers; Mrs L's carers are no longer having to physically handle her on the bed and one carer is able to support her with physical prompts alone which is safer for both the carer and Mrs L.

It also became evident that her husband was moving her in bed in between care calls and was doing this alone placing himself at risk, so her increased ability with bed mobility has been beneficial for him too.

FYE Saving: £9988.16