

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 3 October 2017

Title of report: Robustness Of Adult Social Care.

Purpose of report: To describe the approach taken by Adult Social Care in order to continuously improve the robustness of the Adult Social Care system.

The report will:

- Describe and evidence the current developments and approaches in place to ensure the quality and sustainability of social care services and compliance with statutory duties contained within the Care Act 2014.
- Identify areas for further development and proposals to ensure continuous improvement.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	not applicable If yes give the reason why .
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	not applicable If yes also give date it was registered
The Decision - Is it eligible for call in by Scrutiny?	not applicable If no give the reason why not
Date signed off by <u>Strategic Director</u> & name	Richard Parry, 20 September 2017
Is it also signed off by the Service Director for Finance IT and Transactional Services?	not applicable
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	not applicable
Cabinet member portfolio	Cllr Cathy Scott and Cllr Viv Kendrick

Electoral wards affected: All

Ward councillors consulted: Not applicable

Public or private: Public

1. **Summary**

Shaping the future of adult social care is a priority. There are some fundamental challenges including rising demand, aging populations, health inequalities and long term conditions. This is against a backdrop of reduced resources, budget challenges and the need to transform service delivery to ensure a sustainable care offer for the future.

This report provides an overview of new ways of working, what has been achieved to date and what is in view for the future. It aims to demonstrate the robustness of Adult Social Care.

2. **Information required to take a decision**

The report has been prepared for the Health and Social Care Scrutiny Panel as part of the annual programme cycle.

3. **Implications for the Council**

3.1 **Early Intervention and Prevention (EIP)**

The interface with EIP and Adult Social Care is integral to growing communities and encouraging self-care and resilience.

3.2 **Economic Resilience (ER)**

Adult Social Care promote wellbeing and resilience through growing opportunities for adults to benefit from education employment and training.

3.3 **Improving Outcomes for Children**

Adult Social Care promotes a think family ethos and works jointly with children's social care. Joint work has been promoted by the work of the Children and Adults Safeguarding Board and the Health and Wellbeing Board.

3.4 **Reducing demand of services**

The redesign of Adult Social Care has a key focus on reducing demand. Public perception around new ways of working requires focus.

The development of a sustainable market is a key priority to meet local need and reduce system pressures.

3.5 **Other (e.g. Legal/Financial or Human Resources)**

New ways of working impact positively on savings and efficiencies across adult social care, evident in the MTFP Transformation Programme.

4. **Background**

Adult Social Care is facing significant challenges in the context of rising demands, reflecting demographic growth, and reducing resources. The changing demographic means that we will see increasing demands for care for older and disabled people. The Council's approach to this has been to focus on early intervention and prevention. Our "Vision for Adult Social Care" (<http://www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/adult-social-care-vision-kirklees.pdf>) highlights our approach which is to enable people stay independent for

as long as possible, reducing the need for or the length of time they may have to rely on state support

People who use services should be able to expect person centred care and support that is safe, effective, caring and responsive. This care should be supported by strong leadership and sustained by good use of resources. In order to achieve this a transformation programme is underway in Kirklees to redesign service delivery in Adult Social Care. This is being progressed through five work streams:

- Front Door
- Care offer
- Sufficiency
- Commissioning
- All Age Disability.

Each work stream seeks to redesign services to ensure optimum efficiency through making best use of technology and developing opportunities for people to self –serve wherever possible and appropriate. The principles of early intervention and prevention are key to maximising outcomes for people, managing future demand, meeting needs through proportionate, responsive services and through providing timely advice, information and signposting to alternative services to meet individual need.

Also see section 8.

As outlined in the previous Scrutiny report there are particular challenges in relation to the social care workforce, both for the council and for providers of services including care homes and domiciliary care. These challenges present risks associated with the quality of care and support which are monitored through robust performance management and contract monitoring arrangements.

5. New ways of Working

The Care Act 2014 requires Local Authorities to consider the person's own strengths and capabilities and what support might be available from their wider support network or within the community to help when determining their needs and how they may be met. This strengths based approach promotes independence through self-care, and enables individuals to make informed choices in relation to their health and wellbeing (SCIE- Strengths Based Approaches). The implementation of a strengths based approach requires cultural and organisational change. A number of Cultural Change events have taken place early in September 2017 with around 250 staff in attendance following the circulation of a paper outlining the intentions for future ways of working. These events helped communicate the next steps of our Adult Social Care Vision across our workforce. **See appendix 1; New Ways of Working Paper**

Leadership Development Days are scheduled for in September and October 2017 for Adult Social Care Team Managers and Deputy Team Managers. These development days will focus on Care Act Legal Literacy with a focus on how the Care Act promotes the need to work with strengths base approaches. It is felt that is timely to revisit the Care Act to ensure that middle managers maximise their opportunity to embed culture change. Thereafter we will explore the need for managers to lead culture change at team level.

In order to enhance partnership working in localities two operational Heads of Service have been appointed to focus on the North and South of Kirklees. This will strengthen partnership working, provide opportunities for strengthening multi disciplinary approaches through Place Based Models where integrated working enhances community services and customer experience. Opportunities for working as multidisciplinary, multi- agency teams

with co-terminus boundaries arranged around GP practices are being developed with Locala to co-ordinate care and support across services.

Teams are being reorganised into community hubs alongside colleagues from Community Plus. The Early Intervention and Prevention (EIP) focus in communities will focus on growing community capacity, accessing and developing specific community services that meet local need. A key priority is to map local services and need across each locality. An EIP structure will maximise this opportunity. **See Appendix 2; EIP Structure to be implemented.**

Two Heads of Service for Adult Social Care Operations, North Kirklees and South Kirklees, have been appointed to lead Adult Social Care Independent Living Services and the Community Wellbeing Social Care Teams. These posts will ensure strong interfaces with our partners and will work closely with Mid Yorkshire NHSTrust, North Kirklees Clinical Commissioning Group; Calderdale and Huddersfield NHS Trust and Huddersfield Clinical Commissioning Group. The Head of Service for All Age Disability provides a leadership focus on supporting children and young people, transitions into adulthood and adult learning disability. A Head of Safeguarding and Quality is appointed to lead strategic safeguarding, relationship management with partners and the Safeguarding Adults Board, quality and performance. **See Appendix 3; Head of Service Structure.**

The Community Wellbeing Social Care Teams in the North will move in to Batley Town Hall in October and Dewsbury Town Hall in December. The South teams will be based in the Civic Centre in Huddersfield initially with a number of practitioners moving into Slaithwaite Town Hall early in April 2018.

In a move away from teams arranged around stages within a customer's journey, new teams will undertake assessment, reviews and safeguarding interventions, thereby reducing handoffs and providing greater efficiency and continuity of care. These new arrangements will be in place by Dec 2017.

6. The state and resilience of the various strands of the ASC market.

The Domiciliary Care Market

In common with many other Local Authorities, Kirklees Council is facing capacity challenges in relation to the availability of domiciliary care. All providers are reporting recruitment and retention issues as workers find alternative employment, often within the retail sector. The introduction of the National Living Wage (NLW) has seen salaries in other industries rise and so has had an overall negative impact on the care sector as a whole, as workers find alternative employment.

Problems with recruitment and retention can have an impact on quality. We have been undertaking a range of activity to try to address the capacity issues and increase the availability of domiciliary care for those who need it most.

This work includes:

- Direct support for organisations in relation to the recruitment and retention of care staff – including the establishment of a Facebook Page – In2Care Kirklees – which directly links people seeking work in care with employers trying to recruit and is proving very effective.
- Reviewing and increasing the rates we pay for domiciliary care to better reflect the pressures providers are facing and enable better wages to be offered (see below).
- Introducing a “per visit” payment for visits to people living in more rural locations to take account of the longer travelling times between calls – these payments are transferred through to the care workers (see below).

- Introducing more “single handed care” – i.e. using newly available equipment to enable care workers to safely transfer and support people on their own, rather than having to have two workers as is currently the case. The current pilot is reducing the number of double-ups needed by over 50%. This not only frees up care workers to be used elsewhere but reduces the overall costs and supports family carers as well.
- Exploring opportunities to increase the availability of Personal Assistants (PAs) who people can pay for using their own money or a Direct Payment – this kind of work can be more attractive to some people as they are able to develop a relationship with a particular person or small group of people – and the Council is looking to increase the number of people who want to work as PAs.

New Contracts

The Kirklees’ contracts for domiciliary care have just been tendered and awarded. We used this exercise as a further way to address the capacity issues we are faced with.

The primary outcome we were aiming to achieve from this process is the delivery of high quality, reliable, domiciliary care to vulnerable people. Within the scope of the tendering exercise we were also aiming to achieve the following:

- **Sufficiency of Supply** – to avoid any waiting lists and to support the whole health and social care requirements
- **Have a range of provision** - to enable people who self-fund / use Direct Payments to have a choice of providers.
- **Equity of access** – so that no matter where people live in Kirklees they are able to access quality home care.
- **Sustainable quality** – ensuring that we are able to have close working relationships with our contracted providers to oversee quality and address any concerns early.
- **Best Value** – whilst paying a fair and sustainable price for care.
- **Ensure compliance with procurement rules** – local, national and international.
- **Least disruption for service users** – through encouragement of TUPE transfer of staff wherever possible.

Prior to tendering we undertook wide consultation with providers and people currently using services. Specific soft market testing with current providers and commissioners in nearby authorities has been used to inform our specification, pricing and overall approach. We have used feedback from service user quality visits and discussions via Partnership Boards to ensure we are aware of the priorities from a service user and carer perspective.

Based on this feedback and our local experience and knowledge, we took the following approach:

- Increasing the maximum number of hours we would purchase from any one provider (from 1,200 hours per week to between 2,000 and 3,000 hours) – with the aim of creating a more resilient team of staff in each organisation, making them less vulnerable to a sudden loss of workers and achieving economies of scale in relation to overheads
- Reducing the number of localities in which we are procuring / arranging care, from 12 to 6, with a principal provider in each delivering the bulk of the work and then a series of spot providers (on a framework contractual arrangement) delivering smaller amounts. This will enable us to balance the need for larger volumes of work with key providers which helps with ongoing resilience, whilst still encouraging the existence of other providers in the area to support choice to people who self-fund / use DPs and to offer some support if a provider fails or is unable to take on new work for a period. We also believe this will facilitate natural zoning of care staff, enabling more walking rounds and reducing the travel time between calls. This should also help with local recruitment as there will be fewer companies chasing the same number of potential staff.

- We have reviewed the price we pay per hour and it has been increased to reflect the costs that providers are facing, especially the travel costs.
- At the same time we are introducing compulsory Electronic Call Monitoring (ECM) to ensure we are only paying for the care delivered and so that we can spot check on delivery to our more vulnerable users
- We have shared with providers what prices we believe are fair in relation to staff wages, based on the rate we are paying. We intend to encourage them to pass on this price increase to front-line workers which in turn will improve recruitment and retention.

The new domiciliary care contracts have now been awarded and staff transfers are underway. In line with our stated aim of least disruption for service users, we are encouraging the TUPE transfer of staff where this is needed.

7. The State and Resilience of the Adult Social Care Market as a Whole

The situation in relation to domiciliary care, noted above, is also reflected in other areas of the social care market for similar reasons. It is a particular difficulty for domiciliary care as the added burden of travel can make recruitment and retention difficult. However, even in residential and day service provision the recruitment and retention of suitably able and qualified staff remains a challenge.

The care home market is facing significant pressures – the Care Quality Commission is changing its approach to regulation and we are seeing a number of care home owners decide to leave the market due to some of these changes. The recruitment of nurses is especially difficult for care homes and a number of homes have decided to stop offering nursing care as a result. This is a challenge for commissioners as the growth in demand for care homes, now and in the coming years, is specifically for nursing care and for dementia nursing care. The Clinical Commissioning Groups (CCGs) and the Council are working together to try to address this and the “Kirklees Older People’s Care Homes Strategy” (<http://www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/accommodation-strategy-op-care-home-strategy-2016.pdf>) includes details of actions we are taking to try to improve the situation.

Kirklees has had an approach in place, since 2002, to amend the rates we pay for older people’s care homes annually. This takes into account the financial pressures faced by care homes such as National Living Wage, fuel costs and increased food prices etc. Whilst this has been very useful in keeping care home providers in the market, we are increasingly seeing care homes requesting higher fees and asking for top-ups from residents / families in order to remain sustainable.

The Council also works closely with care providers to be sure that we understand their difficulties. We are working jointly with the CCGs to ensure that we can offer the right support to providers to encourage them to remain in the market.

In an effort to prevent provider failure, and by way of support, we have established the CHESP meeting (Care Home Early Support and Prevention). This meeting has joint health and social care membership and is focussed on identifying early signs of provider failure. The CQC also attend and provide information relating to enforcement action taken. Issues that arise following health and social care staff visits are fed into the meeting then an action plan offering support is devised. Good practice events are held for all care home staff and training organised by Kirklees Council can also be accessed. The Independent Sector Care Home Meeting offers an arena in which to consult with, share and listen to providers.

We are further developing extra care and supported living for people which provides a genuine alternative to residential care for many, enabling people to be more independent but

in a safer environment and achieving some economies of scale by having care staff in one place.

The Council has also recently produced a revised “Market Position Statement” <http://www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/kirklees-adults-market-position-statement.pdf> which provides information to providers and potential providers about the kind of support that residents will need and the likely demand. As more people opt to use Direct Payments (and their own funds) to commission their own care and support, having a range of choices for them to access is increasingly important.

The Council’s “Connect to Support” E market place gives people access to 250 providers of care and support operating in Kirklees offering over 3,000 products and 600 services – the second largest in the region. The Kirklees Connect to Support website has approximately 500 registered users who have full use of the site including the facility to send information requests to providers and to purchase services directly (users don’t have to register to use the site)

Whilst the situation in relation to social care remains challenging, we have good working relationships with our current providers and are well placed to attract new ones into the local market. We will continue to work, as commissioners, on maintaining and developing these relationships to deliver a sustainable social care market for the future.

8. Performance Management and Sector Led improvement in Adult Social Care

The Council is a key player across all regional ADASS Performance, Quality and Informatics networks with good representation across all Y&H sector led improvement activity. This supports a culture of transparency, peer review as well as peer learning and improvement. Through this process the Council has sought several opportunities for external challenge, support and review – this includes the recent LGA Peer Review on Integration.

Regional relationships also support a robust approach to benchmarking and an understanding of the Council’s performance against other regional Councils.

A summary of Adult Social Care key performance areas are provided below:

Outcome	Performance Summary
<p>People who may have an eligible need for social care have access to a range of support and networks, and are engaged in decisions, that help them live their lives</p>	<p>Front Door Demand (referral) trends at the front door highlight a significant reduction of almost 7% when compared with the same period last year. EIP approaches are highlighting some positive impact on parts of the system and the Council’s understanding of the volatility of demand is increasing which helps mitigate the level of risk.</p> <p>Assessment activity through the last 20 weeks highlights a decline, with Timeliness of Assessment and Outcomes from Assessment remaining below expected levels. 73.1% of Assessments were completed within 28 days The service is actively taking action in this area through targeted operational improvement plans with social work teams.</p> <p>Reviewing performance remains below expected targets with data indicating 63% of service users receiving a review of their care during the year. The service is responding to this through the transformation programme.</p>

<p>Service Users and Carers feel in control of planning their care and support, with timely and accessible services that enable them to remain as independent as possible</p>	<p>Reablement: performance against KPI remains below the performance plan (outturn 80% against plan of 94%). Kirklees' offer of reablement also remains low (% of older people discharged from hospital are offered the service). The service is responding to this through the transformation programme sufficiency project.</p> <p>Long Term Care: Data shows growth in 18-64 admissions to residential/nursing care. Work is ongoing to understand if this is due to the Domiciliary capacity issues across the market or the complexity of demand.</p> <p>6 out of 10 people in Kirklees who use social care services report they do not feel services help them feel 'in control'. The service is responding to this through the transformation programme.</p> <p>Direct Payments and Self Directed Support - Performance trends in this area remain stable/consistent with performance in line with other Y&H Councils.</p>
<p>Support to carers is effectively coordinated, co-operative and enables carers to continue to care for as long as they are willing and able to do so</p>	<p>Carer Quality of Life: some variation in QOL of carers (based on biennial Carer survey), further work being done through the Carers Strategy Group and Carer Networks to address this.</p> <p>Carer and Service User Experience/Satisfaction: it has been recognised that satisfaction of Carers and Service Users with ASC remains below expectations and this is being addressed via the Front Door workstream.</p> <p>Carers Feeling Involved as Expert Care Partners: feedback suggests carers in Kirklees feel less involved or consulted about the support provided to the cared for person. Pathway redesign work is focussed on ensuring both the culture as well as the social care pathway are conducive to identifying carers as key care partners, e.g. through more inclusive carer / service user assessments.</p> <p>Service User and Carer Access to Info: Kirklees' Front Door and broader information offer retained an overall 'Excellent' rating through the annual ADASS Mystery Shopper exercise, with some positive examples of mystery shopper experiences in the report (e.g. out of hours) along with areas of customer access/experience which will need further consideration (e.g. call waiting times, information/advice linked to safeguarding, info on the website).</p>

9. Achieving Excellence and Quality Assurance

The quality assurance framework, "*Achieving Excellence in Adult Social Care Practice*", was produced in consultation with managers within the service. It reflects national Professional Capabilities Framework for social workers and Health and Care Professionals Council guidance. It sets out principles to improve social care practice and develop standards of excellence. The approaches included a Quality Implementation Group (now known as the Quality Impact Group), use of case file audits and Director's Audit Clinics. These were intended to highlight good practice and identify areas for improvement to feed into a quality improvement cycle overseen by Senior Leadership. The framework was launched in April 2016 with events for front line staff, managers and partner agencies.

Achieving Excellence in Social Care Practice update and looking to the future events took place in May and June 2017 for front line staff, managers and partner agencies. As well as updating on quality assurance these events included themes of working with people with dementia and mental capacity assessments. These are ever important areas of work in adult social care and had been identified as areas for improvement from audit results. The events were well attended and well received.

A review and recommendations for the QAF was to be completed in July. It was delayed as the new audit tool is intended to be based on an ADASS strength based peer audit tool which has been in development. The review and recommendations will therefore be submitted to Senior Leadership in September 2017.

Quality Audits

Quality audits in line with the framework commenced in May 2016. Compliance with the schedule has been good. Managers have had support around quality of auditing, analysis and well informed recommendations to promote a learning culture. Manager feedback has been used to inform improvements in the audit processes and tools.

During Year 1 there were 356 audits completed. In areas where work was completed (as some domains were not applicable in cases) there were largely positive results. The two domains needing most improvement were the Assessment, Determination of Eligibility, Support Plan and Review domain and the Assessment Mental Capacity Act and Deprivation of Liberty Safeguards domain. Audit results have been analysed to identify key themes and learning points which has informed QIG action planning and reports to Senior Leadership. Results from audits in Year 1 were disseminated at the quality events and had influenced the themes chosen.

Directors Audit Clinics

These have taken place on a quarterly basis since August 2016. They have provided the Strategic Director for Adults and Health, with insights into frontline practice. They have provided an opportunity to understand system pressures and inform strategic development. There has been positive engagement in these clinics from front line staff and managers. Individual feedback is provided to the attendees to commend good practice and identify any development needs. Outcomes also inform the QIG action planning.

The Quality Impact Group (QIG)

The QIG is attended by Service Managers and Team/Deputy Managers and is chaired by the Principal Social Worker. The QIG meets 8 weekly. It has monitored the implementation and embedding of the QA framework. QIG uses results from audits, clinics and other learning to influence practice at a team and individual level. Learning from audits, complaints, serious adult/case reviews and quality and performance clinics is used to inform QIG action plans.

QIG meetings ensure good practice is shared and celebrated and identifies areas for development. It promotes good communication so all teams are informed of changes and new ways of working. Managers update their teams on the QIG and have their own action plans for the team to embed practice and demonstrate progress.

Examples of some of the actions taken around learning and development

- Results from the adult quality audits have been shared via the QIG and have informed the action plans for team development.
- Events took place with staff and managers to update them on the progress and keep them engaged in Achieving Excellence and Quality Assurance.
- Active involvement in the Teaching Partnership is providing opportunities for improved Social Work teaching, practice and professional development.
- Front line staff have presented cases to the Director's Audit Clinic and have received individual feedback.
- Updated MCA and Best Interest policy, tools and guidance.
- Sessions for managers taking place in September to embed the strength based approach and support them to lead development work on this for their teams.
- QIG has enabled managers to share updates on information governance, data management and risk and on data protection breaches and lessons learnt.
- Recording in Adult Social Care Good Practice Guidance produced.
- Updating of the Assessed Supported Year in Employment and Social Work progression processes and guidance with the Learning and Organisation Development Team.
- ASYE forums have been set up to support staff and managers.

10. Working in Partnership with our NHS Trusts.

A&E Improvement Groups in Mid Yorks and Greater Huddersfield and Calderdale are working across systems to maintain safety and minimise harm for our patients / service users and ensure sufficient capacity within the health and social care economy to meet predicted demand during this period and to identify key risks and mitigations. Plans run alongside other plans including:

- Operational Pressures Escalation Levels Framework
- Mid Yorkshire A&E Improvement Plan 2016/17
- Greater Huddersfield and Calderdale Improvement plan
- Business Continuity Plans for organisations
- Infection Control Plans
- National Flu Plan
- Cold Weather Plan for England
- The West Yorkshire Resilience Forum: Adverse Weather Plan.

Kirklees Adult Social Care is actively engaged with the A&E Improvement Boards and it's sub-groups that support action plans to address capacity and quality issues.

Current arrangements to support patient flow and the delivery of the 4 hour A&E standard include:

Hospital Avoidance Team

The Hospital Avoidance Team ensures that people who are presenting at the Accident and Emergency Unit or are transferred to the Medical Assessment Units or Frailty Units have a pathway of services to avoid admission. Treatment or exploratory tests which can be carried out within the out-patients remit and support which can prevent re-presentation to A&E are

required. The service provides information and advice, practical support, avoids social admissions to the acute sector of the hospital. The team will explore preventative options, offer Assistive Technology, install care phones and transport patient's home when necessary. The Hospital Avoidance Team offer a 7 day working pattern across all hospital sites 9am until 9pm.

Hospital based teams

Social Workers are based with the hospital as part of a multi-disciplinary team to provide assessment of care and support needs for patients. This service is provided 7 days each week across all hospital sites. The assessment process provides a focus on the needs of carers. A continuing Health Care Lead Nurse is based at both HRI and DDH to work collaboratively around assessment of health needs. Reablement pathways support patients to return home with support to maximise their skills and continue to live independently. When patients require long term support their needs are identified through a Person Led Assessment which help to inform the support plan.

Adult Social Care work in partnership with the relevant NHS Trusts and other partners to manage Delayed Discharge of Care to reduce length of stay in hospital and support timely discharge.

Frailty Pathways

Frailty is recognised as a long term condition impacting on older people. The Frailty units across the hospital sites in Kirklees are focussed on integrated working to maximise independence and avoid admissions to hospital. If frail older people are supported in living independently and understanding their long-term conditions, and educated to manage them effectively, they are less likely to reach crisis, require urgent care support and experience harm. Work to embed pathways and support around Frailty is underway.

Red Bags

The Red Bag initiative aims to ensure better communication and more person centred care for people leaving care and nursing homes for hospital admission. As part of the NHS England, New Care Models Vanguard Program, it has been recognised for some time that communication between provider and acute settings has been unacceptably varied leading to confusion as to individual needs and expectations and delays in admittance and transfer. The scheme provides the opportunity to collate all relevant and standardised paperwork, medication and personal belongings for the individual to be handed over to hospital staff upon admission.

This approach has been successfully trialled and piloted locally (North Kirklees CCG) and there is the intention to roll this out further. Overall, this approach has demonstrably improved transfer between hospital and care home settings and has reduced those delays attributable to poor information and medication handover.

Trusted Assessors

The Home First principle is key in ensuring that people make decisions about their long term care needs at home having had the opportunity to fully recover and to optimise their independence. For the few for whom it is established that a care home placement will be required to meet their needs on discharge the Trusted Assessor (TA) role will be working to support this transfer in a timely way. It is envisaged that this should lead to more discharges at weekends. The TAs will collate and address issues raised by care homes regarding any poor discharges, which has historically impacted on their willingness to accept discharges leading into and over weekends. A measure of success will be a reduction in the number of Delayed Transfers of Care relating to patient choice and care home waits.

Recruitment is underway in the North which will see a Trusted Assessor working with Care Homes as part of the Discharge Team to avoid the duplication of assessment activity and facilitate timely discharges. Discussions are underway to implement a similar role within Greater Huddersfield and Calderdale.

Discharge to Assess

A Discharge to assess pathway, again supporting the home first principle, is being explored with an emerging model that will see delivery aligned with rapid response and reablement services. This will support timely discharge from hospital when patients reach their medical optimum enable them to be discharge to home assessment pathways. Funding of 600K, for additional reablement capacity has been identified as part of the Improved Better Care Fund (BCF) monies.

Winter Planning

The six months from November 2017 to March 2018 contain a number of significant challenges to the health and social care economy across the A&E Improvement Group and its ability to deliver safe, high quality patient care. These include but are not limited to:

- Winter and the challenges of winter illness
- Sustained increase in Emergency Department (ED) activity and the impact on delivery of emergency care standard and ambulance turnaround times.
- Referral To Treatment (RTT) and cancer waiting time performance
- Financial challenges

Kirklees Adult Social Care is actively engaged with the A&E Improvement Boards and it's sub-groups that support action plans to address capacity and quality issues. The plans ensure that our collective Winter Response plan describes the agreed local processes for ensuring a co-ordinated and effective response to increase demand for services.

This plan complements the current arrangements whereby a timely and effective approach to increased demand (across the local health and social care system) is driven by the OPEL system (Operational Pressures and Escalation Level). This is a proven approach to appraising key partners of demand and marshalling the required resources / response to manage demand and ensure patient flow with acute settings. It allows for a daily commentary and response to demand and provides a clear process for escalation and response.

In summary, the aim of this plan is to:

- Identify a shared understanding of responses to winter related issues across the health economy footprint
- Identify what role organisations within the health economy footprint will play in response to winter related risks.

11. Adult Social Care Transformation Programme

As outlined above there are a number of key work streams underway within the Adult Transformation Programme which aim to redesign services so they are more efficient, cost effective and deliver better outcomes.

Some of the key principles and new ways of working focus on early intervention and preventative approaches that align communities and statutory services to prevent and intervene early to make the biggest difference to outcomes for people. Moving away from time and task based care to outcomes for individuals will enable increased flexibility and

support people to be safe, independent and have control over their lives. Utilising a strengths based approach will empower people and reduce their dependency, alongside the use of technology to enable people to self-serve where appropriate. A key redesign principle will be a 'do it once' approach to ensure services are streamlined and as efficient as possible, thereby reducing handoffs across the system and delivering improved user experience.

Within the Front Door project work is ongoing to integrate and transform the Adults customer access points across health and social care, linking in with the corporate Front Door and Digital by Design Programmes.

Key objectives of this project are to resolve more contacts at the first point of contact, enable citizens and/or their representatives to self-serve on line and signpost demand as appropriate to other support networks and third party organisations.

Work undertaken to date includes data analysis of calls received into Gateway to Care to fully understand the demand and case tracking/journey mapping learning in order to inform the future redesign. A number of experiments are underway to test out different and new ways of working which will be evaluated, the learning from which will inform the redesign and future model.

Work is progressing well around the Care Offer project, of which key objectives include establishment of a review taskforce to ensure existing care packages are proportionate to needs, utilising a strength based approach, reducing handoffs and blockages within the system.

National evidence (Institute of Public Care) is clear that support packages are overprovided on discharge from hospital and at times of crisis. A review task force is now in place to right size care packages using strengths based approaches and promoting independence. This includes single handed care reviews which seek to reduce the need for second carers through the provision of improved equipment and adaptations. This approach results in a less intrusive and costly care package and releases capacity to support others.

A draft care offer model has been developed which utilises a tiered approach for identifying an appropriate response to individual need and facilitates strength based solutions to maximise independence. Further testing of the model is required before proceeding to implementation stage.

This Sufficiency project aims to enhance the current re-ablement offer and reinforce the step up/step down provision to improve service efficiency and effectiveness and improve outcomes for users. Alongside that the service is exploring opportunities to transfer its in-house residential care provision to the provider market.

Auditing of case files has taken place to determine the proportion of service users who would have benefited from reablement but did not. The outcome of this has highlighted that there are benefits to be gained from providing reablement, particularly to those people who move into a transitional bed as opposed to returning home. Analysis of data has supported the need to develop an improved decision making framework so that the service is targeting its resources to the right levels of need and abilities.

This project is strongly linked to work ongoing with partners to develop more streamlined Intermediate Care services and integrated models of care.

Conclusion

As already outlined social care is facing some fundamental challenges with rising demand, an ageing population and reduced resources. Whilst the transformation project work is

progressing well and at pace we also recognise there is still a lot to do to achieve the new vision for adult social care, whilst maintaining safe services and managing business as usual.

We recognise to embed these changes and in order to change social care practice there are a number of further activities required to make this happen around culture change and workforce development as well as embedding strong performance management, Quality Assurance and new governance arrangements.

We have a strong programme management structure and leadership team in place to support the transformation and help us towards achieving our new vision and the council outcomes.

12. Consultees and their opinions

This is a report prepared for members of the Health and Social Care Scrutiny Panel.

13. Next steps

Further focussed reports may be request by the Scrutiny Panel.

14. Officer recommendations and reasons

That the Scrutiny Panel acknowledge progress to date, the plans to shape the future service delivery and key challenges.

15. Cabinet portfolio holder's recommendations

Scrutiny note both the ongoing programme of work to continuously improve adult social care and the inherent risks that exist in the adult social care system locally and nationally.

16. Contact officer

Amanda Evans, Service Director for Adult Social Care Operations

17. Background Papers and History of Decisions

Robustness of Adults Social Care Report presented in December 2015.

18. Service Director responsible

Amanda Evans, Service Director for Adult Social Care Operations

Appendix 1

New Ways of Working

This paper sets out the approach to future ways of working that delivers responsive and proportionate interventions to local populations of people in need of care and support.

It is underpinned by the principles of ensuring that interventions are person centred and empowering, ensuring that people in receipt of services remain in control. This will be achieved through an asset based approach that moves away from a deficit based model, it will harness support available to individuals through families, friends and communities.

There will be an increased focus on preventative approaches that anticipate times of increased need and plan for such events through contingency arrangements. Support plans will be co-produced, with individuals and their carers, and will move away from time and task based care to outcomes which allow increased flexibility for the individual in negotiation with the provider.

In order to become streamlined and efficient we will embrace a 'do it once' approach. This will mean reducing handoffs both within Adult Social Care, the Council and across the Health and Social Care system.

The Customer Journey

It is established that if services are designed around the customer they will become efficient. Reflecting on our current pathways it is clear that there are many handoffs in the customer journey due to having specialist teams to undertake different elements of Care Act duties. This necessitates the customer repeating their narrative to each new worker and is a barrier to person centred support. Indeed SCIE has highlighted that good social care practice is to allocate work to a single, lead practitioner.

For that purpose we will seek to merge the assessment, support, reviews and safeguarding activity in place based teams across North and South Kirklees.

We know that it will take the whole system to change the way it works to empower customers, enabling them to access quality information, advice and guidance and proportionate, timely responses. This includes broadening the points of access and self-serve options for people in need of support. The digital by design work will see increasing numbers of people undertaking their own assessments and reviews through the online offer. We will be reviewing our approach to reviews including how frequently these are undertaken. We will also be exploring the ability for people to have appointments in the hubs to reduce the need for practitioners to travel out.

We cannot achieve an outcomes based support plan if we continue to commission task based services. We will be engaging with our providers to co-produce and trial new ways of working that will see the customer and provider relationship enhanced. Coproduction with customers will be underpinned by a Strengths Based Approach,

ensuring we maximise strengths. Where people have going complex needs there will be increased flexibility in the way that day to day care is delivered to the benefit of both the cared for and the provider. It will take account of fluctuating conditions, building in planning for resilience and contingencies and avoiding crisis management. The needs of carers will be a key, to help carers to continue caring, whilst ensuring they have the right advice and support.

Community Hubs

Community hubs are a place based approach to providing joined up services across Health, Social Care and communities that better supports local populations through more proactive, intelligence led and risk based interventions.

The community hub is more than a building – though physical assets are essential, the principle is that these are shared physical assets

We will absolutely need to work differently; staff won't use office space in the same way but will still need touch down space and space to link with colleagues. Mobile and Agile working will underpin this. Colleagues are not just people from the same organisation, colleagues are people who are trying to make a difference to the same population. Arguably it's more important for a Social Worker to work closely with a Community Nurse from the same patch than to work with a Social Worker from the other side of the borough. If all the people who can make a difference can come together a joined up solution is much more likely. This approach will underpin other outcomes focussed initiatives including the emerging Frailty Pathway.

Early Intervention and Prevention

EIP is a win/win. We want to support people to be safe, independent and to have as much control over their lives as is possible. If we can help people to be independent from the system we will be able to focus resources, both funding and the workforce, to support more vulnerable people with more complex needs.

If there is one thing that all statutory services and the third sector have in common it's this aspiration.

EIP though is complex – for individuals it's rarely about one particular solution or intervention. How communities and statutory services come together to prevent and intervene early will make the biggest difference to outcomes for people. As we move into our community hubs we will work increasingly closely with our Community Partnership Managers who will have a role to build community capacity and resilience, reducing the demand for statutory support.

Transformation

We are working with our transformation partners, Deloitte, to apply a programme discipline to work that has largely already commenced. This journey is covered within our journey map which we will describe at the "Shaping the Future" events in September.

The programme in Adults is organised into five, interdependent work streams:

- All Age Disability
- Care Offer
- Commissioning
- Sufficiency
- Front door

There is an absolute need to deliver significant savings, especially during this year and next. Our approach to this is to focus on designing services around the customer journey that are responsive and proportionate and seek to promote independence choice and control. Through reablement and the provision of equipment, adaptations and suitable housing we will promote independence. We will make best use of community assets and resources to support individuals and their carers to remain resilient.

We are developing a new approach to managing resources through panels that will enable budget managers to achieve parity of outcomes for people with similar needs. We will have greater ability to track budget spend in localities and a proactive approach to taking actions to address issues and escalate unmanaged risks through close monitoring at a local level.

Managing Demand

At times the pressure of demographic growth in the context of reducing resources can seem like an unachievable challenge. It is necessary therefore to manage demand as far as possible. Traditionally this has been through gatekeeping through criteria, prioritising until people are in crisis and through waiting lists.

As we move forwards, as an intelligence led organisation we are looking at ways of managing demand whilst maintaining responsive services. Initiatives to date are:

- Moving the financial assessment to the beginning of the customer journey. We know in the region of 25% of customers drop out of social care, following assessment, when they are made aware of their assessed contribution. We will now enable this to be known before a costly assessment takes place. Of course anyone has the right to continue to have an assessment if requested.
- Enabling other practitioners to undertake reviews. We know that often cases that are waiting for reviews have other practitioners involved such as the Accessible Homes OTs or BIAs. We will be developing ways to enable these practitioners to record reviews, following a trusted assessor model.
- Online offer: we will be enabling individuals and their representatives to undertake assessments and reviews on line.
- Providers as partners: We will be exploring opportunities for providers to collaborate more with customers around support planning and reviews.

- Improving the coordination of reviews in care homes in localities. This will enable any themes around quality of care concerns to be picked up earlier and addressed through the Early Warning meetings and will enable the contract monitoring teams to adopt a risk based approach.

Safeguarding

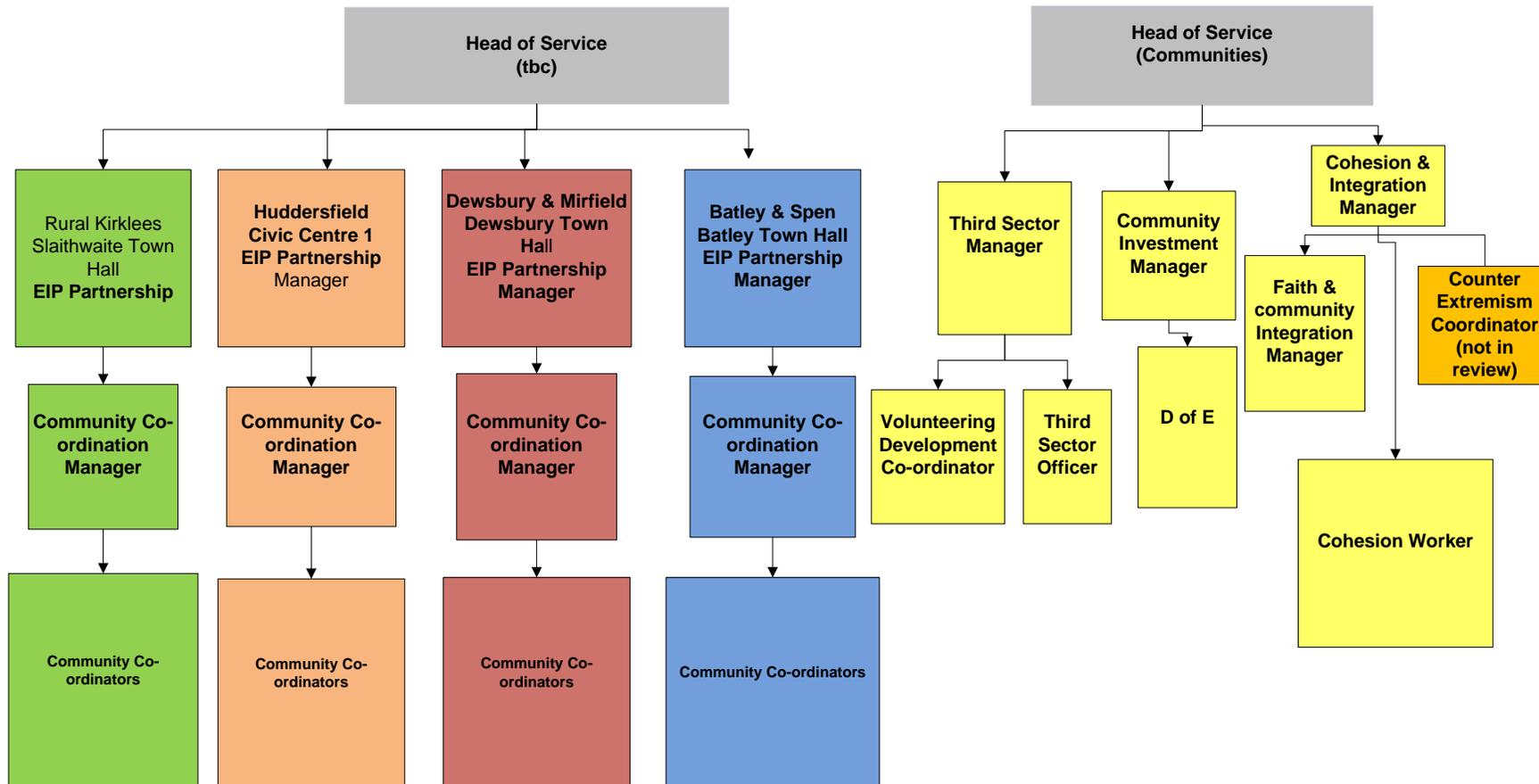
Our Single Point of Access for Safeguarding is placed adjacent to Gateway to Care to ensure collaborative working at the point safeguarding concerns are raised. Here we are able to identify what needs to happen to ensure immediate safety of an adult at risk, whilst employing the principles of Making Safeguarding Personal.

Safeguarding Consultants ensure effective decision making and manage identified risks. Three Senior Safeguarding Consultant will be aligned with the North and South Community Hubs, also supporting Mental Health and Learning Disability. Deprivation of Liberty Operational services will be aligned closer to the safeguarding service. Safeguarding is everyone's business and our new Safeguarding arrangements will provide the opportunity to support enable and challenge across the safeguarding partnership.

Amanda Evans

Service Director, Adult Social Care Operations

EIP Structure to be implemented



<p>Head of Service ASC Operations NK Lee Thompson</p>	<p>Head of Service ASC Operations SK Debra Mallinson</p>	<p>Head of Service Safeguarding, Quality & Performance Patrick Worthington - Interim Saf Bhuta from 1st October</p>	<p>Head of Service Commissioning & Market Development (Vacant) Korrina Campbell - Interim</p>
<p>Service Manager Operational Safeguarding & DOLs Elaine Crossley</p>	<p>Service Manager AT/Carephones/Mobile Response & Dementia Homes Integrated Nights and Out of Hours Nigel Bunker</p>	<p>Safeguarding Adults Partnership Manager Sarah Carlile</p>	<p>Partnership Commissioning Manager Mental Health Tony Bacon</p>
<p>Service Manager SPA, Care Navigation, Health Trainers & Sensory (Vacant, pending recruitment)</p>	<p>Service Manager Short Term & Urgent Support Teams ICT Homes x2 Janette Robertson</p>	<p>Service Manager Domestic Abuse Safeguarding Partnerships Alexia Gray</p>	<p>Partnership Commissioning Manager Learning Disabilities Gary Wainwright</p>
<p>Service Manager for Hospital, Community Social Work Teams & Extra Care NK Gail Addinall</p>	<p>Service Manager for Hospital, Community Social Work Teams & Extra Care SK Alistair Paul</p>	<p>Principle Social Worker (In the longer term)</p>	<p>Partnership Commissioning Manager Older People Sandra Croft</p>
<p>Social Work Practice & Education lead and Link to Emergency Duty Team Manager, Duncan Fairweather</p>	<p>Manager Brokerage & Movement/Handling Denise Diskin</p>		<p>Partnership Commissioning Manager Phys Dis/SI Amanda Foxley</p>
	<p>Business Partnership/Customer Service Acting Manager Damian Crowther</p>		<p>Senior Contract & Procurement Manager Emma Hanley</p>
			<p>Directorate Lead-Business Intelligence, Systems, Performance Saf Bhuta</p>