
**Health, Housing and Adult Social Care Policy
and Scrutiny Committee**

15 November 2017

Report of the Assistant Director of Adult Social Care

Future Focus Update Report:

Purpose of the Report

- 1 To inform the committee about the progress of the Adult Social Care Transformation Programme “Future Focus”.
- 2 To update the committee on the features and attributes of the TARGET operating model.
- 3 To update the committee on the planned measures and outcomes by which the operating model will be monitored and evaluated.

Background

- 4 Demand for Adult Social Care rises each year. People are living longer into old age requiring support, there are more people living longer with complex long term conditions and there are increasing numbers of young adults in transition to adult services with complex needs.
- 5 This increased demand for services coincides with significant financial pressure arising from reduced Local Authority funding, legislative changes driven by the Care Act and an increased public expectation of Adult Social Care and rightly an expectation of high quality, personalised and flexible support for those who are eligible for care.
- 6 The goal of health and care services is to help older, vulnerable or disabled adults who have ongoing support needs to live well and have a good life. A “good life” means living independently at home wherever possible, with opportunities to spend time with other people and to do things which are meaningful to that individual.
- 7 Current ways of supporting adults do not consistently result in everyone achieving all of their goals and living well where they want to live. People and families are not always helped enough to look

after themselves and each other. Services can be overly paternalistic and lack the choice and control that services users rightly demand.

- 8 Social care is often a vital part of enabling people to live independent lives but it is far from being the only component to enable people to live fulfilled lives. We must be ready to have different conversations which take full account people's assets, strengths, knowledge and skills to build and harness the contributions of people, their personal networks, social capital and their local communities. This will support greater wellbeing, independence and improved outcomes for citizens, it will better employ and utilise the skills of our staff group and contribute to a more sustainable financial future for our organisation and its partners.

Summary of the Programme to date

- 9 In June 2017, KPMG were asked to support the Adult Social Care transformation programme team (Future Focus) define a new Adult Social Care (ASC) operating model to an appropriate and meaningful level of detail. The design is based on a set of established design principles for the programme, and CYC's overarching aim to prevent, reduce and delay the need for care.
- 10 The model that was outlined for implementation in York is based on extensive consultation and active involvement of frontline professionals and ASC leaders to ensure broad support and the long term sustainability of suggested changes.
- 11 The work of the design phase has identified:
 - a. Issues and challenges within the current system and current operating model.
 - b. Outcomes required of the new operating model.
 - c. An overview of a future operating model.
 - d. Potential cashable savings available to the directorate based upon analysis and assumptions.
 - e. Potential non cashable time equivalent savings based upon business data analysis and staff input.
 - f. Potential costs to the directorate to implement changes in order to realise time equivalent and cashable savings.

Issues and Challenges of the current system:

- 12 Adult Social Care in York contends with the challenges of a rising older population; a mode of working which is set up in a way that sets people on a path towards high-cost council commissioned services. There is a lack of opportunity and capacity to assess individuals' strengths and support them back to independence. The combination of these factors will put pressure on the budget and are forecasted to increase the current spending trajectory significantly over the next decade.
- 13 The design phase has uncovered a number of issues in the current system, including large numbers of inappropriate referrals into the system, long waiting lists for people requiring Care Act Assessments and Financial Eligibility Assessments, large amounts of professional time being used for activity that was not 'value added' in terms of progressing care and support.

A strength based pilot:

- 14 The design phase also noted some exceptional work undertaken within the system. An example of this was piloted by The Intensive Support Service within ASC. This team, working in a strength-based way, invested in staff who met people early and face to face rather than dealing with their presenting needs over the phone. Since this strength based approach to care management conversations was piloted, 38% people who received a home visit from the Intensive Support Service, as opposed to waiting for a Care Act Assessment, did not go on to need a service and 100% of respondents said the advice and information had a positive impact. This was measured during the initial design stage.

Outcomes required of the new Operating Model:

- 15 Building resilience: In keeping with the council's approach to strength based approaches and creating resilient communities, the new model seeks to build resilience through strength and outcomes based conversations with people at every point in the care journey. By bringing the skills of community social work practice and occupational therapy quickly to residents seeking support. The model will facilitate York's citizens to utilise community and voluntary services around them in concert with any required council commissioned care in support. This will better connect people to their communities, to prevent unnecessary escalation of need, keeping citizens independent and in the community for longer and reduce overall demand formal council provision and those of health services.

- 16 Collaboration and Co-production: The new operating model seeks to build on key relationships with trusted partners aligning to projects and opportunities within the community and in wider health services. By coordinating support through a range of community and health based provision, and connecting ASC staff to what is available in peoples communities, this is will improve customer experience.
- 17 Right Place – Right Time: The opportunity to work differently, reduce waiting times for people and reduce the bureaucracy associated with the current model allows ASC to free-up resources of skills and time to be directed to areas where their expertise, professionalism and skills can have the greatest impact on people’s wellbeing. A combination of a swift response, better conversations and improved information and advice about what is available to support people seeks to prevent people waiting long periods for responses which may not be the most beneficial for their independence or resilience.
- 18 Improve CYC ASC financial and operational sustainability: The model seeks to build citizens’ independence and resilience to change the profile of ASC in York. In concert with other programmes of work the a new model looks to re-profile care packages towards less intensive services by directing care delivered in residential, hospital and nursing settings towards care delivered in the community wherever appropriate.

Overview of proposed future Operating Model:

- 19 The programme has worked with staff, partners and customer groups and co-designed an understanding of five core functions of a new model of working. These are underpinned by more fluid working and a much stronger focus on strengths-based activities within ASC to deliver the best support to York’s residents.
 - a. Accessing help in the community: Making methods of support available before contacting the council. The model requires us to focus on improving the quality and accessibility to local, up to date information. To improve and increase use of community-based support such as the Local Area Coordinators, and increase outreach offer of information, advice and guidance into the community through partners and community services. This will minimise the need for residents to use the council or adult social care services as their initial point of contact when seeking support at an early stage.
 - b. Initial contact: A citizen’s first contact with the council; Where contact is made, or a referral is received from partners that a

social care response is likely, an *Initial Contact and Response Function* will effectively triage and respond to contacts. Staff will be skilled in offering a community social work approach working with the individual and their family to look at all available and appropriate opportunities in communities and services. There is an emphasis on the importance of face to face conversations to look to address root causes of issues in a strengths-based way rather than a service based response to presenting need.

- c. Initial response: Where follow up action needs to be taken by the as a result of the initial contact the response function will be made up of multi-skilled professionals including Mental Health, Safeguarding advisors, Occupational Therapists and Learning Disabilities expertise input. Consistent, standardised guidance and guiding questions will be used to support staff in having the right conversations with residents; including an upfront finance checkpoint to establish any financial impacts of statutory care.
- d. Assessment: Strengths-based assessment: Underpinning all aspects of model is a new approach that has a clear focus on a person's strengths and outcomes. Any "assessment" forms will be viewed as a shared agreement between the council and resident, will be shared and look to include input from family where appropriate. Systems will be redesigned and reshaped to suit the needs of residents and staff. Mobile working will allow staff to populate forms while with residents, saving time. Forms and questions will be designed to capture strengths, preferences and challenges in a simple format.
- e. Continual Support Planning: This encompasses both support planning and reviews: The current support planning and review functions will combine to become a new continual support planning function. A clear distinction between 'crisis' support and longer term support planning will be maintained. A principle that longer term support planning should be remain mindful of opportunities and better outcomes afforded by local communities to ensure that resilience and greater independence underpins all parts of the social care journey.

20 The design of the future operating model is characterised by the following key changes.

- a. Strength-based approaches across the customer journey.

- b. A multi-skilled initial response function within CYC will undertake strength-based conversations. This initial response will act as a “one-stop-shop” to provide person-centred information, advice and guidance, avoiding language and processes linked to assessment and care management.
- c. Assessments and continual support planning – a process which is proportionate, enables flexibility based on professional judgement and is reflective of strength-based social work practice. Initial design suggest that medium and long-term support planning will not take place during a time of crisis- with a clear demarcation between those professionals responsible for stabilising a short-term situation and those responsible for exploring options to support an individual on a long-term basis.
- d. A cultural shift within the ASC workforce will ensure an individual’s outcomes and goals are evaluated, follow-ups within a short time frame are prioritised and alternative options for support are considered at every opportunity.
- e. Joint working with partners: There will be a joint focus on improving outcomes at a place-based level; this will require improved handoffs between services whilst combining people, assets and knowledge into an improved and more accessible community offer for individuals.
- f. Focus on frontline services: There is a requirement for a significant reduction in the time spent by ASC practitioners on activities considered to be “non-value added” for the residents of York. This will enable frontline ASC practitioners to adopt a strength-based approach to practice partaking in longer, person-centric conversations with residents.
- g. Supporting wider place-based working in York: The Future Focus programme is focused on delivering better outcomes for adults in the realm of social care across York. It forms one part of the wider public sector (and third sector) system that should support York residents to achieve the best outcomes across all the domains of place.

Summary of expected Savings:

21 *Table 1: Profile of Recommended Savings Target:*

	Indicative FF Savings Proposals - FROM BASELINE							
		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
FF1a	Initial response	-	149	155	161	161	161	161
FF1c	LD reviews	-	169	177	185	193	202	211
FF1d	Homecare reviews	-	30	63	66	68	71	75
FF1e	Cultural Shift reviews	-	-	-	208	427	427	427
FF2c	CHC	-	-	-	-	-	-	-
FF4ii	Self Funder Charge	-	17	31	35	35	35	35
	TOTALS	-	365	426	655	884	896	909

Monitoring the impact and success of the new operating model

- 22 The programme has defined a number of outcomes targets for the new operating model. This requires a new set of report metrics complimentary to and in addition to the current ASCOF and internal measurements that detail reduction in demand and improvement in outcomes:

Table 2: Proposed outcomes indicators and measures.

Theme / Area	Drivers	Transformational Change	Process Change
Improve population health outcomes (York citizens' health and wellbeing) driven by resilient communities	Through a strengths based approach, facilitate and encourage York's citizens to utilise community and voluntary assets around them to: Prevent escalation of need, keeping citizens independent and in the community for longer Reduce demand overall demand formal council provision.	Increase the proportion of individuals signposted away from traditional council services whilst reducing the number of re-referrals	Increase uptake of direct payments from 6.6% for older people to 15% (regional benchmark 15.4% and national benchmark 17.3%)
		Increase the percentage of adults social care users who have as much social contact as they would like from 50% to 55%	Increase proportion of reviews that result in reduced levels of support.

Theme / Area	Drivers	Transformational Change	Process Change
Improve CYC staff and partners' experiences of delivering support.	Build relationships with trusted partners and where appropriate entrust ASC activity to partners. This will improve customer experience, and free-up resource within in CYC to be directed to areas where their expertise can have the greatest impact.	Reduce the number of referrals from primary care that are inappropriate from the current levels of 788 in 16/17 to below 1 per day.	Increase number of self-assessments and assessments completed by trusted assessors.
Improve customer experience of ASC – getting appropriate care in the right place at the right time, and accessing choice	<p>Build on citizens' independence and resilience to change the profile of ASC in York. Re-profile care packages towards less intensive services by directing care delivered in residential, hospital and nursing settings towards care delivered in the community where appropriate.</p> <p>Reduce proportion of demand for high-cost, high-needs settings</p> <p>Higher proportion of demand met by community-based care</p> <p>Delay customers' entry to residential and nursing care settings where appropriate by maintaining their independence in the community</p>	<p>Reduce unplanned hospital admissions (adults) from nursing and care homes.</p> <p>Reduce number of people unnecessarily assessed for council funded adult social care.</p> <p>Increase proportion of adults in long term support having their care needs met by community based services</p> <p>Reduce the proportion of adults whose long term care needs are met by residential homes.</p> <p>Reduce the proportion of adults whose long term care needs are met by nursing homes</p> <p>Reduce average length of stay in residential and care for those over the age of 65.</p>	<p>Reduce average time from first contact to assessment, and care in place.</p> <p>Increase the percentage of reablement packages that cease at or within six weeks.</p> <p>Reduce number of complaints made due to 'lack of action'</p> <p>Increase reablement cases to have no ongoing care and increase completed cases followed by a reduce care package.</p> <p>Reduce delayed transfers of care attributable to social care.</p> <p>Supporting more individuals who require long-term care having their needs met through support living where appropriate.</p>
Improve CYC ASC financial and operational sustainability	Build resilience, work effectively with partners and re-profile care packages by providing the appropriate care at the right place and the right times to	Contribute to the savings required for ASC and the wider council.	

Theme / Area	Drivers	Transformational Change	Process Change
	contribute to ASC cost savings, without compromising quality.		

Next Steps:

- 23 The programme is moving from its design phase to implementation and is looking to partner with an experienced external provider who has successfully implemented work of this time across a number of other authorities.
- 24 The programme is selecting and sequencing the activity into a detailed implementation plan for delivery of change throughout 2018.

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Glossary

ASC – Adult Social Care
 ASCOF – Adult Social Care Outcomes Framework
 CHC – Continuing Health Care
 CYC – City of York Council
 FF – Future Focus
 LD – Learning Disabilities