



*more for York*



## **Blueprint for Adult Social Care**

**City of York Council**

**September 2009**

## **The Vision for our Customers**

### **Customer Focused**

Services/supports will be as simple as possible to access and understand.  
Services/supports will be customer focused.

Services will provide customer focused information and advice in a timely and accessible way.

In designing services or carrying out options appraisals the needs of customers will be paramount and our prime purpose.

The outcomes this will lead to are:

- simpler service provision (across both ASC & NHS);
- services/supports that meet peoples' needs in ways that allow them to live life in their way (subject to resources);
- customers involved in service design & planning;
- more accessible advice, information and support;
- more specialisation in task functions when it provides benefits.

### **Choice & Personalisation**

All people who require a service/support and meet eligibility criteria will be aware of the money that is being spent on their service and will have the opportunity to have their own personalised budget.

Anyone who has a personalised budget will be able to access support planning, financial management and risk management to support exercise of choice and personalised budgets.

Resources will be allocated in fair manner.

The outcomes this will lead to are:

- individual customers (and or their carers) being able to choose their own services to meet their assessed needs
- budgets for all care services/supports (including residential care) will be fairly allocated
- increased customer satisfaction
- individuals will be able to access a range of options to help with the personalisation process

### **Maximisation of Independence / Prevention of Dependency**

Maximising citizen's ability to maintain independence is one of the core purposes of ASC. This will be addressed through reablement, building communities, better use of technology to support people in their own homes, eg assistive technology, and other preventative approaches and resources.

Longer term decisions about ongoing service provision are only made once a person's optimal capacity has been reached.

Charges will be set to support personalisation and independence.

Greater emphasis will be placed on review to respond to changing needs and outcomes.

The outcomes this will lead to are:

- customers retaining greater independence;
- smaller proportion of people moving into residential care;
- fairer and more effective use of resources;
- greater focus on outcomes.

### **Universal Services for the Whole Population**

Information, advice & signposting are core components of universal ASC service available to all citizens who have social care needs.

ASC provision (and that of its NHS and provider partners) to be clearly and simply communicated through appropriate information channels (eg web, call centre, individual contact).

The outcomes this will lead to are:

- citizens of York will be supported to live independently in the community and ASC will contribute to this through a range of services and supports

# Delivering the Vision in York for our Customers

## Maximising efficiency and quality

The ASC will have a clear rationale and approach to demonstrate:

- why we are purchasing or commissioning a service;
- how we ensure quality in services in the area;
- that services/supports meet an individual's needs, in the most appropriate manner ;
- that services/supports contribute to the wider care pathway or end to end process.

There will be consistent approaches to commissioning, procurement and contract managing services, regardless of whether a service is provided 'in-house' by the council, or through external providers.

Commissioning will operate within a framework that engages and involves customers in all stages of procurement, from commissioning plans through to individual purchasing.

Services/supports will be charged for in a fair and consistent manner.

The outcomes this will lead to are:

- more strategic focus upon ASC core roles:
  - commissioning
  - assessment & review
  - safeguarding
  - reablement & other preventative strategies;
- the delivery of services will be sourced from the provider who offers the best value to the citizen and customer in terms of cost, quality, access and effectiveness;
- the council will only deliver services where it can demonstrate it is best placed or more appropriate for it to do so ;
- greater clarity on future service / commissioning directions and the routes to achieve them;
- coherence, simplicity and clarity in service design, access and operation;
- clear & robust split between commissioning and the delivery of services;
- unit cost reduction and efficiency savings;
- less organisational complexity ;
- development of staff roles and practice to enable best outcomes for customers (eg trusted assessors) ;
- changes to some charging policy that do not fit the fair charging criteria.

## Maximising the Benefit of the NHS / ASC Partnership

Joint planning and commissioning to ensure the best use of resources and to maximise the benefit to the customer, opportunities include:

- joint working between reablement and intermediate care functions;
- the relationship between long term condition staff and reablement functions;
- holistic planning re the best use of ASC and NHS resources;
- joined up services where appropriate providing one 'gateway' to customers.

Work with the NHS to maintain focus on social model of reablement which in turn will then support maximising citizen's independence.

This will lead to greater capacity for improvement in:

- commissioning;
- strategic planning;
- models of service provision;
- reablement & prevention.

The outcomes this will lead to are

- continuous service improvement;
- a proportionate reduction in hospital admissions and length of stays;
- reduced service duplication;
- unit cost reduction and efficiency savings;
- simpler care pathways which are better understood and used by both citizens and staff alike;
- higher CQC ratings for both organisations;
- better working relationships;
- more consistent approach and hence greater fairness.

### **Staffing & Organisational changes to deliver this Vision**

The York ASC vision will require:

- ambition (eg benchmarking our performance against the best)
- career structure and development that supports the vision

The outcomes this will lead to are:

- a more focused and strategic organisation
- simplicity, accountability and visibility of performance
- greater job satisfaction

# Composition of York ASC Services in 2013

## Business model of functions, processes and decision-making activities

### Core functions:

- Provision of information, advice and signposting for citizens who have a social care need
- Provision of:
  - assessment,
  - reablement & related preventative activity,
  - care and support planning
  - review
- Commissioning and procurement of a range of services & supports to maximise independence and address social care needs and ensure service quality, supporting partnership and consultation
- Safeguarding vulnerable adults

### Processes:

1. End to end customer process, from entering the service through to service provision as required
2. End to end back office support system to support:
  - a. Management of accurate data and customer records
  - b. Financial assessment of customers who require charged for services
  - c. Benefit income maximisation for customers
  - d. Charging and payments systems for customers
  - e. Commissioning, procurement and payments systems for suppliers
  - f. Joint needs assessment, service reviews and quality assurance and the partnerships to support them

### Decision Making Activities

#### Individual:

1. Prioritisation of assessment timescales
2. Assessment against FACS Criteria
3. Assessment of need against points based system (Resource Allocation System RAS)
4. Resource Allocation (RAS)
5. Financial assessment of customers ability to pay
6. Allocation of resource between NHS & ASC for Continuing Health Care needs
7. Identify of ILF and/or other income and benefit streams
8. Approval of care or support plans
9. Review of need and care or support plans

**Strategic:**

1. Accreditation of providers
2. Approval of commissioning strategies and plans
3. Procurement approach
4. Contract award
5. Policy approval

## **Operational Measures of the Transformed ASC for Costs, Performance and Service Levels**

**General**

The service will access dynamic, real time information that supports managers, at all levels of the organisation, in the delivery of high quality services that strive to improve.

Standard use and sharing of internal and external benchmarking to support the journey to excellence, through learning from the best and regular challenge of ideas and positions.

A performance management culture that expects and welcomes feedback as a tool for service improvement, where all staff expect to have the accountability, tools and information to support and improve performance at every level.

An organisational culture that focuses upon outcomes and improving them for our customers.

**Performance Improvement Plan**

This blueprint and associated business cases sets out significant change in the delivery and organisation of services. As the department implements changes the information and performance improvement requirements will change.

ASC has many different types of performance measure that it has to monitor or deliver against. Within this complex environment it is important that key performance messages are identified and prioritised for monitoring and action that are both of importance in themselves but also act as a proxy for other more detailed performance data.

HASS DMT have agreed a draft performance improvement plan and examples of possible targets that will be further developed when the new management information manager starts in November 2009.

## **Performance Plan**

*To be developed based on an agreed draft when the new MI Manager starts in post in November.*



# Organisational Structure, Staffing Levels, Roles and Skills for the Transformed York ASC Services

York ASC department is embarking on a review of Elderly Person Home (EPH) provision for the City, as part of this review ASC will consider the future of its nine in-house homes.

At the same time the discrepancy in costs between the in-house home care service and that provided by external providers has been highlighted. Substantial reductions in cost for the in-house provision through efficiencies are already required as part of the ASC budget.

York is advanced in moving from dedicated day centres to more flexible provision of day opportunities.

## Organisational Model ASC Customer Services

1. Services supporting the end to end process for customers from initial contact and assessment, through re-ablement, care and support planning, customer financial assessment and income maximisation, procuring services, safeguarding and review will be managed through a coherent structure where these component parts fit together in a manner that supports the purpose and a smooth customer journey.

Where services overlap with NHS provision, eg re-ablement and intermediate care, the services will work jointly to support a simple pathway. Where complex decision making is required this should be held within the co-ordinated services:

### *Example*

*In re-ablement / intermediate care the decision for other staff should simply be to refer to this integrated service or not.*

*The complex decisions about what mix of service should be offered to an individual should be held within the re-ablement / intermediate care service.*

*This will avoid staff getting caught in conflicts between separate and overlapping services or needing to know or understand too much detail about the services.*

## ASC Commissioning, Strategy & Performance

2. A Commissioning, Strategy & Performance division will contain ASC functions such as:
  - commissioning
  - purchasing
  - contract management
  - policy review and strategy development
  - budgeting preparation & strategic planning
  - partnerships and wider consultation

- commissioning workforce development and training
- information management
- performance management
- quality assurance

The commissioning related functions may be integrated with the primary and community service commissioning functions of York PCT and practice based commissioning, and those of Supporting People

### **ASC Care & Support Services**

3. There a variety of options for the organisation and management of these in-house services in 2013 including:
  - An arms length organisation, including the option of a joint ASC and NHS provider organisation
  - Outsourced service provision
  - Co-operative
  - Social enterprise
  - In house service provision

### **Staffing Levels**

There are no definitive statements that can yet be made about staffing levels. As the department strives for efficiency it will carry out the following:

- Benchmarking against sister authorities
- Ensure the fair and appropriate allocation of staffing resources, and the best skill mix, to deliver the End to End customer process and the related back office process
- Seek staffing and service efficiencies; possible options include:
  - automation,
  - process changes,
  - performance management,
  - reduction of duplication,
  - flexible and relevant review process using a range of approaches
  - flexible working,
  - mobile working

A decision is yet to be made as to whether York ASC follows the national trend, of moving in-house social care and support services to the private, voluntary and not for profit sectors. If this decision were to be made, the number of staff directly employed within the department would reduce substantially. Currently in-house home care and EPH staff are the largest staff groups in the Department.

Were this change to occur the department's scale, character and culture would significantly change. This in turn would lead to changes in approach to a range of management functions including communication, performance management, HR processes.

## **Staffing Continuity & Additional Costs**

1. In 2008/9 the cost of agency staff in ASC was just under £1m.
2. Currently some staff are on temporary contracts, some of which will have lost any validity as 'temporary', as the individuals have inherited full employment rights after having worked for York for more than a year.
3. Additionally staff are employed on 'casual' basis, and over time this contractual status may become unclear.
4. The department has a number of acting up arrangements in place.

In future the above four areas will be managed to:

- minimise the use of agency staff, through prompt recruitment, anticipation and planning, unless there are specific short term reasons to do otherwise
- minimise the use of casual and temporary posts (there is a proposal to change corporate policy to move away from employment of casual and temporary staff to a model of only employing staff on permanent contracts or employing staff on a temporary basis through an employment agency)
- regularly review temporary 'acting up' arrangements to ensure a balance between service flexibility, staff development, workload stress, service quality and consistency

## **Roles and Skills**

### **General Direction**

The core national ASC strategies around Personalisation & Choice, and Reablement & Maximising Independence both lead to changes in character and culture for ASC, away from provision of services and towards facilitation of choice and independence.

Some changes to roles, and new roles, will arise from these strategies, eg support planning, brokerage, personal assistants, and these roles could operate either as Council provision and/or externally commissioned services.

In 2013 York ASC workforce will have designed roles and developed skills that support:

- personalised services
- effective reablement and prevention
- strategic and high quality commissioning & contract management
- performance management throughout ASC
- high quality leadership at all levels of the organisation

### **Implementing customer focused services that reduce duplication and complexity**

- joint training with Health & other partners

- skills training to support simple customers services, eg mobile working, management of remote staff, assessments and reviews that cover both social care and OT agendas
- integrated process and functions that deliver skilled, efficient and timely services
- roles that efficiently deliver those processes and functions
- co-located teams to support agreed service processes (with health and/or within social care)
- skill mixes appropriate to the task or function

## **Information Systems, Tools, Equipment and other Facilities required for the transformed York ASC**

### **Information Systems**

In 2013 York ASC will:

- have improved sharing of information with NHS primary & community services, including those for older people, people with disabilities and people with mental health needs, ideally supported by Common Assessment Framework (CAF);

This will be supported by a shared strategy and approach to software commissioning and development.

- have effective contracting data reporting from both external and internal providers;
- be supported by a lean approach to data requirements;
- have effective use of technology to support mobile working and flexible work styles;
- have customer focussed information through the web and other media; this will enable the department to save resources on one off printed directories and leaflets and to ensure that information is always up to date and relevant;
- development of the web will lead on to interactive customer services, eg self service – referrals, access to records, eligibility assessment, etc;
- use Frameworki as the core ASC database – it will be fully integrated with a range of other ASC information systems (eg home care monitoring, invoicing and payments software)
- the end-to-end customer process and the supporting back office functions will be designed to maximise use of York ASC software systems potential, their data and minimise unproductive processes for:
  - a. Customers

- b. ASC staff
  - c. NHS
  - d. Social Care providers
- Data quality management will be integral to normal working practice
  - Confidential information will be held and managed with high standards of security

### **Tools, Equipment and other Facilities**

Quality assurance will be critical to service delivery, commissioning and contracting

NHS commissioning will co-locate with ASC commissioning staff, provider staff may also co-locate.

### **Flexible & Mobile Working and Impact upon Office Space**

ASC staff primarily work in the community, very often specifically in people's homes and yet spend large proportions of their time in council offices.

The existing and future developments of mobile technology mean that working patterns by 2013 will have changed substantially, with a far greater proportion of flexible working using mobile phones, tablet/laptops, mobile broadband connections, direct links into ASC information systems, rostering software, etc.

Staff will need the appropriate technology, technical support and training to deliver this vision of flexible and mobile working. Attention will also need to be paid to management arrangements, peer support, health and safety and information security.

### **EDRMS & Impact upon Office Space**

Further development of Electronic Document Records Management System (EDRMS) will provide the opportunity to dispose of paper documents and drastically reduce office storage space.

In 2013 ASC office space requirements will be significantly reduced due to the impact of these two major changes.

The new York Corporate HQ project has made some assumptions on reducing office space.

### **EPH Buildings**

A decision is yet to be made as to whether any of York ASC Elderly Person Homes will no longer be required. If, due to changes in patterns of service delivery and demand, one or more home were closed, the building and site would be surplus to requirements and may potentially be disposed of by the council.

## **Support Services, Costs, Performance, Service Levels to enable the transformed York ASC to operate efficiently and effectively.**

### **Information Technology**

#### **Service Level**

There is recognition that the council is planning to move towards a centralised whole council support function.

This will need to deliver a modern infrastructure to support:

- single entry of data;
- mobile working;
- process automation and workflow;
- effective performance management reporting:
  - Distance travelled / impact of service
  - Cost / quality data
  - Activity data
  - Simple and effective reporting that is focused on delivering effective performance reporting from team level to DMT

Between the IT service and ASC services we will maintain and develop skills in the following:

- Working with and supporting ASC non technicians to maximise their skills and capacity to best utilise core systems
- Ensuring the maximum benefit is accessed and implemented from specialist ASC software, including version control, use of all relevant modules and connections between different pieces of software / hardware
- Planning and implementing changes in process to support efficiency opportunities that arise from software / hardware developments
- Supporting a holistic change agenda including technical change, skills changes, organisational changes, and practice changes
- Clear resourcing and accountability for complex requirements, eg different roles in relation to the ASC website include:
  - web functionality and reliability
  - web design
  - knowledge management
  - writing copy
  - updating and maintaining accuracy

#### **Costs**

The move to a centralised ICT service is intended to deliver savings.

The budget and staffing to be transferred into the new service and the net savings are identified in ICT Blueprint.

## **Performance**

The critical factors for IT support are as follows:

- Expertise in ASC systems, in particular Frameworki, call monitoring & financial systems (Corporate IT)
- Supporting the full range of ASC staff to make the best use of software & hardware, eg support and training, through Corporate IT staff and ASC 'super users'
- ASC focus on data accuracy as key performance issue
- Reliability and dependability for both office provision and off site and mobile working solutions
- Planned strategic and operational development of systems

## **Human Resources**

The nature of Human Resources services are likely to have changed significantly by 2013.

This is because of the following factors:

- If York follows the national trends in ASC older people care service delivery the directly employed workforce will be significantly smaller
- In this case the mix of the workforce will have changed, with:
  - a far higher proportion of staff with NVQ 4 and professional qualifications
  - a far lower proportion of staff on NVQ 3 or below
  - less recruitment
  - less use of temp / agency / casual staff
- Greater use of automation and self service opportunities

HR will need to provide services to reflect the service changes and changes to the workforce that have taken place.

The service focus will be on:

- Professional & timely transactions
- Production of performance management information
- Advice and support
- Provision of Training
- Strategic workforce development

## **Finance**

Finance will need to provide services to support the ASC services and reflect service changes and changes to the workforce that have taken place.

The service focus will be on:

- Professional & timely transactions
- Production of management accounts and financial performance information

- Advice and support
- Strategic financial improvement

### **Facilities management**

Requirements for this function will be dictated by the success of mobile working and the York Corporate HQ project.

### **Secretarial**

Demands for service will be dictated by service modernisation that will move to single entry of data, mobile working, self service options, etc.

## **Examples of Operational Measures for the Transformed ASC**

These sample operational measures will be considered in light of each business case as it is implemented, to ensure that improvements in performance are fully captured.

### **Customer and their Carers Experience**

Examples may include:

- % of customers who would recommend using ASC service (by client group)
- % of customers who would recommend their service provider (by provider)  
(both benchmarked against previous outcomes and sister authorities)
- Log of how customers and citizens have been involved in improving and changing ASC services and commissioning
- Sample information from customers about ease and clarity of process / service
- Selected measures for Place survey and PSS survey
- Analysis of complaints and commendations

### **End to End Process for Customers and their Carers**

Examples may include:

- Number of customer contacts with Initial Assessment and Safeguarding Team
- Number of referrals
- Number of people offered technology
- Number of people who receive technology
- Number of unscheduled reviews
- Number of assessments started
- Number of assessments completed
- Number of people receiving a re-ablement service
- Average length of re-ablement service in days / range in days
- Number of annual reviews: total and as % or number required
- Customer outcomes against agreed care / support plans
- Average number of reviews per member of staff (predicated on specialist staffing function)
- Average numbers of assessments (completed) per member of staff (predicated on specialist staffing function)



- Average number of duty referrals per member of staff (predicated on specialist staffing function)
- Daily sample surveys of customer data quality
- “Distance Travelled” through re-ablement process (ie initial benchmark assessment score compared with outcome assessment score following re-ablement)
- Total number of people on Direct Payments / Personalised Budgets

Above information to be available by client group.

### **Delivery of Social Care & Support Services**

- Total number of residential care / nursing home placements by client group
- Total of new placements / placements that have come to an end
- Total number of people receiving home care:
  - Average number of hours per week
  - Range of hours
  - Trends
  - Total of new people receiving home / home care that has come to an end
- Cost per episode of home care / residential care / nursing home:
  - Average
  - Range by provider
  - Trends
  - Plotted against quality outcomes
- Customer experience / satisfaction

### **Staffing**

- % of permanent staff
- % staff attendance rates

### **Annual Survey Results**

Percentage of staff who:

- would use their own services
- rate their own line manager highly
- plan to stay with York ASC services for more than a year
- believe that the department supports staff and career development

## **Milestones Plan**

Draft key project milestones and resource plans for the three priority projects have been developed and will be brought to CMT on the 14<sup>th</sup> October 2009 for approval.

Timescales and resources for priority 2 projects will be agreed following agreement to the timescales and resources for priority 1 projects.

## **Benefits Plan**

The amount and timescales for the release of savings on the Home Care and EPH projects is still subject to final agreement with HASS. Draft benefits plan which shows the projected level of savings for the recommended projects has been developed and will be brought to CMT on 14<sup>th</sup> October 2009 for approval.

The savings attributed to Priority 2 projects require further detailed work and evaluation. It is expected that further significant savings are likely to be identified from these projects.

## **Communications Plan**

A draft Communications Plan for the early period of the ASC project has been prepared and will be brought to CMT on 14<sup>th</sup> October 2009 for approval.

## **Decisions Log**

A decisions log highlighting the key project decisions that will need to be made by HASS DMT, CMT and Executive will be presented in the summary paper to Executive for 14<sup>th</sup> October.

## **Business Cases**

The Business Cases for the four recommended ASC projects are attached. The Business Cases for EPH and Home Care are subject to further discussion at CMT on 14<sup>th</sup> October

# Table of Contents

## ASC Business Cases

### Priority 1 projects

|  |    |
|--|----|
| Electronic Home Care Monitoring (ECHM) .....         | 20 |
| Elderly Person Residential Home (EPH) Review .....   | 25 |
| Review of Home Care, Home Support & Reablement ..... | 27 |

### Priority 2 projects

|   |    |
|---|----|
| Improving Clarity and Efficiency of the End 2 End Customer Process .....          | 28 |
| Maximising Benefits from Frameworki & Corporate Financial Management System ..... | 36 |
| Assistive Technology, Warden Control & Support Services .....                     | 38 |

### Preface

The proposals for the review of in-house home care, the EPH review and the introduction of electronic home care monitoring are considered to be priority one business cases.

The remaining three business cases are priority two which means that their resources and milestones will only be agreed once the priority one schemes are fully resourced.

## **Electronic Home Care Monitoring (ECHM)**

The ECHM project will enable:

- home care providers to capture immediately and electronically the actual hours spent delivering home care to individual customers;
- the data about home care provided to be transferred into the Adult Social Care system (Frameworki) for quality monitoring and planning purposes;
- the data to be transferred to the council's financial management system so that customers can be accurately charged for actual care provided.

### **Strategic Fit**

This project is a key ASC efficiency project. Electronic home care monitoring has been identified as a core efficiency measure for councils by CSED (Care Services Efficiency Delivery).

### **Objectives**

The project will contribute to the delivery of the HASS strategic vision for Adult Social Care by achieving the following objectives:

- maximising efficiency through the removal of labour intensive manual data collection processes leading to efficiency savings;
- maximising quality by ensuring the capture of real-time accurate data about service delivery to support improved contract-monitoring and planning of provision;
- supporting the maximisation of independence through better use of technology;
- improving customer focus by ensuring that bills reflect actual service delivered.

### **Benefit Opportunities**

#### **Enhanced partnership working with external providers.**

Having moved to block contracts HASS now has fewer external providers to work with. This simplification of partnership arrangements will facilitate the development of new ways of working with our partners.

#### **Better integration of finance and activity information**

The implementation of Frameworki means that systems can provide, and so support, the improvement of MI through the electronic transfer of information on actual care delivered

#### **Improved customer service and financial control**

By enabling care workers not only to register the time they arrive and depart from a customer's home electronically, but also for this information to be transferred electronically to CYC care management systems and thence to finance systems.

As a result, an electronic system will significantly improve processes around planning and contract management of home care and the production of bills for home care provided.

**Improved lone worker security/reduced risk to customers.**

Through the introduction of real-time alerts when a home care worker is not providing service at the scheduled time, *ECHM* will provide the opportunity to reduce the health and safety risks to customers and staff

**Planned Benefits**

**Productivity/efficiency, improvement**

The electronic capture of data about home care hours provided at the point of delivery in customer's homes will significantly reduce the staff time currently dedicated to this activity by providers and by CYC.

**Baseline:** FTE currently deployed on this task being baselined by HASS finance team review

**Target:** 0 FTE deployed on data input

**Data quality improvement**

Access to information on an immediate basis enables Commissioners to monitor services more effectively and manage home care contracts to the value of approx £6m.

**Measure:** Improved confidence in information.

**Baseline:** High numbers of queries regarding inaccurate information

**Target:** 100% accuracy i.e. reduction of the number of queries/time to resolve

**Business results/improvement, financial**

Improved management information to commissioners and providers (enables more efficient service delivery from providers) and improved performance monitoring to support service planning at strategic level.

**Measure:** Improved budget projections.

**Baseline:** Currently, budget figures do not promptly reflect activity and unable to accurately match capacity to demand at present

**Target:** Improved service commissioning matching capacity to demand 100% Accuracy.

**Service quality, financial**

The generation of electronic timesheets in place of manual timesheets completed by care workers. This allows greater transparency of the services delivered and can be used to calculate the billing, where users are charged for the service, and to generate invoices for external domiciliary care services.

**Measure:** Charges will be more accurate with fewer queries from customers and fewer discrepancies on invoices

**Baseline:** unknown

**Target:** 100% accuracy

### **Service quality**

Compliance with National Care Standards in relation to the keeping of accurate records for services provided.

**Measure:** CQC inspections of providers rate this section (standard 23 and 24) as 3 (met)

**Baseline:** 3 providers (of 10) assessed, 2 meet level 3.

**Target:** 100% meet level 3 by December 2010

### **Financial, risk reduction**

Potential to reduce service costs and eliminate any potential for fraud in timesheets etc.

**Measure:** Reduced discrepancies and processing time.

**Baseline:** Manual spot checks

**Target:** Full audit trail

### **Risk reduction, quality of service**

Procedures to safeguard the health and safety of home care workers and Customers.

Real time alerts and alarms reduce health and safety risks for both staff and customers.

**Measure:** New procedures produced by October 2008; Alerts/alarms defined and implemented by December 2010

### **Stationery, scanning overheads**

Reduced cost of printing timesheets and scanning of hard copy

**Measure:** Staff & printing cost saving

**Baseline:** Printing cost £12K

**Target:** Negligible

### **Options Appraisal**

A procurement exercise will be used to evaluate the technical solutions available on the market and the benefits of a managed service solution.

### **Commercial Aspects**

A competitive procurement using an established framework agreement is proposed. This would have the benefit of reducing the procurement timescales and allowing the solution and its benefits to be implemented earlier.

It is proposed that use of the ECHM solution is made a contractual term for the letting of future block contracts.

## **Affordability**

The estimated gross cost of procuring and implementing an ECHM system to meet CYC's requirements is £109k. There is approved revenue funding of £26,596 for this project from £2008/09 onwards (IT Development Plan bid 08HASS01)

The estimated resource requirement to procure and implement a solution is:

- 20 weeks HASS directorate resources to provide dedicated project management, process definition, testing and training.
- 4 weeks moreforYork business analyst resource to develop the business appraisal and support the procurement of the new system
- 1.5 weeks ITT resources to implement the new systems and interfaces.

Agreement to commit these resources was given when the funding for the project was approved.

## **Achievability**

The HASS project team is currently working towards procurement of the software by March 2010, with the implementation being phased in between April and December 2010.

The importance of achieving this timescale is to link up with the new homecare providers when they start their contracts in December 2010.

The potential home care providers will therefore know which software package York Council will expect them to work with in the delivery of their services, when we go to tender in April 2010.

## **Risk Log**

1. Part of the assumed savings from ECHM is based on a change in assumption about how contracts are delivered and paid for (ie move from guaranteed hours to payment for hours delivered)

This will be mitigated through the new service specifications for the Home Care tender in April 2010.

2. The software and changes to working practice are introduced in December with the new home care contracts and problems arise during winter and holiday period.

Plans are for software and changes to working practice to be introduced in a six months phased implementation between April and September allowing time for existing providers to adapt. From September onwards we will work with new contractors to prepare for implementation. We will put in place staffing contingencies to cover the holiday period.

Additionally the business could decide to change the December contractual renewal date, if that were feasible.

3. The project is dependent on the current FWI/OLM project being completed to time to release resource for ECHM implementation/integration

Both project s will be closely managed to key milestones

4. There is a risk that the level of savings may be inflated above a realisable level due to potential double counting of finance team staff savings and the effectiveness of existing levels of monitoring reducing scope for further savings.

CSED benchmarking indicates a range of savings from 2 to 10% that can be realised from ECHM implementation. The assumption used in the Benefits Plan is a cautious 3%.

### **Milestones and Resources**

Appendix 1 sets out the type of resources required and the key milestones for this project. Further work needs to be done to establish the quantities of staffing resources for the two phases of this project, procurement and implementation.



# Elderly Person's Residential Home (EPH) Review

## Strategic Fit

This project is identified BY HASS DMT as their top strategic and service delivery priority as one part of a wider vision that requires the development of a range of more appropriate and cost-effective provision to meet the growing demand and changing expectations of older people in York.

In 2008 HASS EMAP agreed that HASS should undertake an option appraisal to explore the opportunities to develop more appropriate specialist residential care and housing choices for older people in partnership with other providers, and to consider the options for development of Council run homes to provide more specialist care.

Work has already been carried out by the HASS Contracts and Commissioning Team to gather and analyse the relevant information about demand, quality criteria, costs and conditions in order to appraise our EPHs for strategic fit. At the same time a 'long list' of potential options has been developed from research into best practice and informed by previous customer, staff and stakeholder consultations.

This work will provide the starting point for the next phase of work.

The review will examine current in-house EPH provision against strategies both national and local that include:

1. City of York Long Term Commissioning Strategy for Older People 2006-2021
2. Shaping the Future of Care Together - Green Paper 2009
3. York HASS Directorate Plan 2009/10 – 2011/12
4. Transforming Adult Social Care LAC (DH) (2008)<sup>1</sup>
5. More for York Programme
6. ASC Framework 2009

## Objectives

1. To consider in-house provision in terms of:
  - whether the buildings and services are fit for purpose, high quality and will remain so over the medium term;
  - if not what it would take to bring the buildings up to standard;
  - how it fits within the wider context of all extra care, residential and nursing care in the York area (both existing and planned) in terms of the quality, availability and specialist provision;
  - alternative models of provision particularly those that support preventative and reablement agendas that help more people continue to continue to live in their own home;

- comparative costs of different service models.
2. To ensure modern high quality service that supports the delivery of ASC strategy and customer requirements both now and in the future.
  3. To support efficiencies that help meet the challenge of significant demographic changes which will lead to increased pressure upon ASC services
  4. To produce clear commissioning plans identifying future requirements for residential care, and option appraisal for future use of CYC EPHs

## **Review of Home Care, Home Support & Re-ablement Services**

### **Strategic Fit**

Review will examine current home care, home support and re-ablement provision against strategies both national and local that include:

1. City of York Commissioning Strategy for Older People 2006-2021
2. Shaping the Future of Care Together - Green Paper 2009
3. York HASS Directorate Plan 2009/10 – 2011/12
4. MoreforYork Programme
5. ASC Framework 2009

### **Objectives**

1. To ensure that home care & support services and re-ablement (regardless of provider) delivers the best value for money; and improved outcomes for customers; delivering lower costs and equal or higher quality
2. To deliver quality re-ablement provision focussed on outcomes and short term intervention
3. To review the specification of services (regardless of provider) to ensure they are aligned to the strategic vision for adult social care and to ensure that they fully reflect:
  - a. Personalisation and choice
  - b. Re-ablement & maximising independence
  - c. FACS criteria
4. To manage any change that arises from this review in a manner that sustains or improves service quality to customers and minimises costs and any temporary disruption

# **Clear & Efficient End to End Customer Process**

## **Improving Clarity and Efficiency of the End to End Customer Process**

### **Strategic fit**

The purpose of this workstream which will consist of a number of projects is to:

1. Improve the simplicity and appropriateness of the process from a customer experience perspective
2. Increase the relevance and effectiveness of the process in terms of achieving the desired outcomes for the customer and the council
3. Maximise the efficiency of the back-office processes that support the customer process

Whilst there are currently no firm estimates of efficiency savings arising for this project stream there is an expectation that the detailed work on these projects will identify efficiencies and that these would be identified to HASS DMT and the moreforYork Board for decision on re-investment in increased service capacity and quality or the release of financial savings.

The moreforYork team and HASS DMT support the importance of this project as a vehicle to deliver quality benefits both in terms of staff performance and customer service as well as back-office process efficiencies.

There are interdependencies between this project stream and the top 3 priority projects: both the approach of Care Managers and key customer processes will need to reflect the strategic changes in our approach to service provision and quality management that will be introduced by the implementation of Electronic Home Care Monitoring, changes resulting from the review of current Home Care provision, the shift of emphasis towards re-ablement and the range of options that will be developed to replace the existing in-house EPH provision.

### **End 2 End Customer Process**

This workstream will be prefaced by work to agree a complete end-to-end customer process that will promote the critical role of prevention and reablement and will ensure:

- Simplicity in decision making
- Consistency in approach
- Best use of resources
- Single point of access for customers
- Efficiency
- Easily understood process

Because of the areas of shared responsibility and potential overlapping provision with the NHS a key aspect of this workstream will be to explore with the PCT a partnership approach to intermediate care and re-ablement services.

The outcome of this high level early work will then shape the outcomes of a number of defined projects which will form part of this workstream and cover the following specific identified business needs:

## **Clear & Efficient End to End Customer Process**

### **Completion of the A&I redesign project**

The redesign of the initial customer contact team for Adults Social Care was implemented on 21<sup>st</sup> September. Post-implementation support to the new team will be required through to the end of October. In addition some later deliverables have been agreed. These include an OT self-assessment tool, the development of on-line self-referral forms and a customer contact data capture tool. The completion of this project will improve the accessibility of the service and increase the efficiency of the back-office processes.

### **Care Management Assessment process redesign**

In a recent review, qualified staff identified that they were spending up to 70% of their time entering data to maintain case records and generate care plans using the FWI system. A HASS forms redesign project has since reduced duplication of data entry and effort and simplified the data requirements in order to reduce time taken on each assessment. The new forms were implemented in early September 09 and early feedback shows a positive effect. This process redesign project is required to complement the changes to forms, reflect any changes to the overall end-to end customer process from the review of the high level customer process and ensure that the overall process and the system that the forms sit within makes best use of staff time and allocates responsibility for tasks to the appropriate level of staff. This project will maximise the efficiency of the back-office processes that support the customer process.

### **Redesign and consolidation of admin function**

The function of the locality administration teams is currently fragmented, effort is often duplicated and practice is inconsistent across a number of different locations and management structures. In addition the final phase of FWI implementation (non-residential billing) will release significant admin capacity when the OLM system is decommissioned. A project has been scoped to redesign and consolidate the locality team administration functions to make most effective use of this resource to support the core assessment functions of the locality teams and release further capacity for care management. This project will maximise the efficiency of the back-office processes that support the customer process.

### **Locality Team Organisation and job design**

The capacity of the locality teams to manage their existing and future workload needs to be increased to achieve consistently acceptable response times to customers. Currently, there is inconsistency in practice and performance, duplication of effort and constraints on the service's capacity resulting from the organisation of work between the existing location-based teams. Location is of little relevance for the allocation of work. It is also not helpful for customers. More important are the different functional splits based on the nature of the work: duty, review, assessment, commissioning, and specialist assessments. A project has been scoped to maximise the capacity of the service by creating a new Adults Social Care Organisation for the assessment and commissioning of social care, which will be based on functional requirements rather than on location. This will

## **Clear & Efficient End to End Customer Process**

create a customer-focused service which is as simple as possible to access and understand.

### **Mobilising Assessment in HASS Locality Teams**

The service is currently struggling to meet its statutory KPIs for timely assessment and delivery of care packages and achieve acceptable response times for other work. It is essential to make staff more effective and release capacity in the teams to do more assessments. It is also necessary to achieve the planned reduction in new HQ space requirements for the locality teams. Experience elsewhere shows that implementing a mobile working solution will deliver this additional capacity and other benefits for the organisation, staff and customers.

### **Implementing the Corporate EDRMS in CELS, Locality Teams, Finance Team and elsewhere in HASS**

This project is required to ensure the full rollout of the corporate EDRMS across the council and the establishment of a single central post-handling and scanning unit.

The project could generate efficiency in the ASC back-office processes but it is proposed that it should be seen as part of the corporate EDRMS project rather than of the ASC project.

Currently estimated savings of £30k have been flagged in the Benefits Plan against this project.

A decision is required whether this project and the savings attributed to it should be incorporated in the ASC project business case or form part of the corporate EDRMS business case.

### **Objectives & Benefits**

This workstream is required to complete work already begun in HASS to increase efficiency and maximise capacity in the service to enable KPIs to be met whilst continuing to respond to increasing demand and providing a fair consistent and responsive service to all customers.

The extent to which this work will achieve efficiencies and hence financial savings has not yet been evaluated. As ever in ASC any savings will need to be considered against increases in demand arising from demographic change. Financial evaluation will be a key criterion in prioritising work within this project and in shaping the designs and outcomes.

Specific project objectives and benefits include:

### **Care Management Assessment process redesign:**

- Eliminate unnecessary steps from the processes – measurable reduction in staff time per assessment and delays to outcome for customer

## **Clear & Efficient End to End Customer Process**

- Optimise the appropriate use of unqualified/admin staff in the process – measurable reduction in the staff cost per assessment
- Reduce the overall time taken to complete each assessment of need/commission care package – measurable reduction in end to end assessment time/from FPOC to commissioning of services
- Increase the capacity of the HASS Social Care Teams to carry out more assessments – more assessments per FTE
- Improve the ability to respond in a timely fashion – reduction in waiting time between first contact and assessment visit
- Maximise use of FWI case/workload management – eliminate use of ad hoc tools (paper lists and s/sheets to manage waiting lists)

### **Redesign and consolidation of admin function**

- Consolidate the admin functions to remove duplication of effort and a proliferation of different practices
- Create a single customer contact phone team for the Locality Teams to reduce hand-offs, improve the customer experience and better support the redesigned initial customer contact team
- Prevent staff time which is being freed up by FMS and FWI changes from being redeployed in an ad hoc fashion which is wasteful of resource
- Identify how much resource is being freed up
- Propose how this resource could be re-directed to better support the assessment work of the teams and/or permit a saving to be identified
- In advance of the implementation of the corporate EDRMS and central scanning function identify how this function could be rationalised and what admin resource would be released.

### **Locality Team Organisation and Job Design**

- Achieve consistency of practice across all assessment teams - the customer has the same experience whichever team is dealing with them.
- Remove delays in response caused by small specialist teams – no 'waiting lists' for specialist assessments eg Carer's Support Team
- Create a performance framework for the whole service so that all contacts and assessments are actively managed to an SLA
- Create flexible team roles so that peaks in different types of work can be managed more effectively
- Create a more effective way of managing the Duty function to provide better continuity and ownership of cases – less rework, reduced risk of priorities being missed

## **Clear & Efficient End to End Customer Process**

- A clear organisation design that reflects the core functions of the service:
  - Initial Customer contact
  - Duty function
  - New assessments
  - Re-assessments on change
  - Procurement of services
  - Planned reviews
  - Specialist assessments
  - Safeguarding cases

### **Commercial Aspects**

The project to mobilise the assessment teams will require the procurement of laptops, licences and connectivity.

It is proposed that these are procured through the existing corporate contracts and mobile working project framework agreements.

A detailed business case will be developed during the technical feasibility phase of the project.

### **Affordability**

There is revenue budget available from an approved HASS IT development bid to fund a spend of £280k on mobile working. ITT resource was also committed for the current year 2009/10 to support this.

The estimated resource requirement to deliver the other projects is:

- HASS directorate resources to provide business knowledge, process definition, testing, training and manage implementation in the business.
- Completion of A&I project:
  - Caroline Henderson to input to the OT self-assessment business case
  - Chris Adams to pick up any identified form changes for new duty function
- Consolidation of admin team functions:
  - senior admin input required 0.25 FTE Oct – Nov 09
  - service manager input required on workshop basis
- Locality team Organisation and Job design:
  - service manager input required for workshop input up to 1 day a week Oct - Nov 09



## Clear & Efficient End to End Customer Process

- Care assessment process redesign:
  - senior practitioner, care manager, OT required for workshop style input Oct -Nov 09
- Design and develop mobile solution:
  - Single workshop with variety of care managers, review managers, carer support workers, OT's to input to business requirement
- Test mobile solution:
  - Small group of volunteers to test feasibility of solution for 2 months
- Implementation of mobile working solution:
  - HASS training and training administration resource
- Design and implement corporate EDRMS:
  - workshop style input to identify business requirements for design to include senior admin, scanning admin, care manager, Steve Leahy to work separately on CELS requirement
- HASS FWI team resources to:
  - Implement changes to forms to complete A&I project
  - Integrate with OT self-assessment tool if required
  - Implement changes to support redesign of admin and locality team functions and process (Jan to March 10)
  - Input to the design and implementation of the mobile working solution (Oct 09 to Mar 10)
  - Input to the EDRMS/FWI interface requirement and testing and implementation (Apr to Sept 11)
- HR support to:
  - manage consultation and implementation of changes to Locality Team job roles and organisational design Jan to Mar 2010
  - design and implement a flexible/mobile working management framework Jan 2010 to Mar 2011
- moreforYork business analyst resources to develop detailed design proposals and manage their implementation:
  - Sept- Dec 09            3 BAs
  - Jan – Mar 10            2 BAs
  - April 10 – Sept 11    1 BA (possibly reducing to 0.5 BA from Sept 11)
- ITT resources to support:
  - Development of self –referral forms and customer data capture tool (Sept-Dec 09)
  - the technical feasibility phase of the mobile working project (Oct 09 to Mar 10) and its implementation and provide ongoing solution support (from April 10 ongoing)

## Clear & Efficient End to End Customer Process

- the roll-out of EDRMS in CELS and the Locality Teams (Apr-Sept 2011)

This workstream is a category two project and as such milestones and resources will only be confirmed once all Priority 1 project resources are sourced.

The above resource proposal sets out our initial assessment of requirements that will be refined subject to the End-to-End customer process, the Priority 1 work streams and early review of possible benefits and issues arising from this work.

### Achievability

The following high-level timetable is proposed for the achievement of the projects in this workstream.

There is a concentration of work in the next 6 months, which reflects the prioritisation placed on this work by the AD for Assessment and Personalisation. This will require significant resources from moreforYork and HASS to achieve these projects in the desired timescales.

\*Note that if the design work to consolidate the admin team functions and the organisation of the Locality Teams identifies significant changes to job roles and organisation structures a 1-3 month staff/union consultation period will need to precede (and therefore delay) the implementation period.

A possible timetable is set out below. It is now proposed that this workstream is a category two project and as such milestones and resources will only be confirmed once all Priority 1 project resources are sourced.

| <b>Date</b>   | <b>Activity</b>  |
|---------------|--|
| Sept– Dec 09  | Complete A&I project   |
| Oct – Dec 09  | Consolidation of admin team functions: design phase                                    |
| Oct – Dec 09  | Locality Team Organisation: design phase   |
| Jan – Mar 10* | Consolidation of admin team functions: implementation phase                            |
| Jan – Mar 10* | Locality Team Organisation: Implementation phase                                       |
| Oct – Dec 09  | Care Assessment process redesign to reflect changes to team functions and organisation |
| Jan – Mar 10  | Implementation of process changes on FWI and in practice                               |
| Oct - Dec 09  | Design and develop mobile solution   |

## Clear & Efficient End to End Customer Process

|                   |  |
|-------------------|--|
| Jan - Mar 10      | Test mobile working solution   |
| April 10 - Mar 11 | Phased implementation of mobile working across all teams                                   |
| April - Sept 11   | Design and implement corporate EDRMS integration/implementation in Locality Teams and CELS |

### Risk Log

1. Not realising efficiency from administrative capacity no longer required due to the decommissioning of OLM in March 2010 due to delay in being able to start in a timely fashion.

Early prioritisation to address quick wins such as this. Additionally the prioritisation will scope those elements of the work that offer the greatest capacity for quality improvement and efficiency savings.

2. Space requirements in the new HQ are based upon the presumption that all care managers and OTs are using mobile working; and also that EDRMS is implemented so that less paper is stored, and a central scanning function is used and so there is a need less for office space in the new offices.

The new HQ is now anticipated to be available in 2012, this allows preparation for these two activities to take place in 2011, when changes to home care provision will have been completed and the EPH review will have concluded its strategy and plans and they will be in implementation phase.

## **Maximising Benefits from Frameworki & Corporate Financial Management System**

### **Strategic Fit**

CYC have invested in two core software systems FMS and Frameworki.

In line with More for York principles this project will focus on ensuring that the best value is achieved from these software systems to further the business requirements and deliver improved financial efficiencies and other benefits.

### **Objectives**

1. Improve administrative efficiencies
2. Reduce process times
3. Maximise availability of real time information
4. Enhance and develop workflow
5. Link to other core systems to achieve further synergies (eg call monitoring)
6. Timely and accurate billing

### **Options Appraisal**

Both of these core systems have been recently purchased and implemented, so core costs have already been absorbed. The focus of this workstream is maximising the benefit from the existing investment.

Appraisal will be dependent upon individual proposals for change and will need to take account of:

1. Additional software consultant time
2. CYC Finance / ASC / ICT staff time
3. Requirement for additional modules / upgrades / hardware
4. Changes to service process / procedure / policy
5. Training needs for staff operating changed software systems or service process
6. Financial and other benefits

### **Commercial Aspects**

The majority of expenditure has already taken place. The focus of this workstream is maximising the return from the investment.

That said changes need to be strategic and support other agendas to ensure that so far as possible the change only happens once and that valuable staff and consultancy time is used as effectively as possible.

### **Affordability**

These will be identified once specific activities are identified. The majority of costs have already been expended.

### **Achievability**

The principle issues are:

Reliance on a small number of core individuals able to implement desired changes.

Co-ordinating a number of major changes across ASC and CYC to produce the most effective plan of change.

Both of these can be resolved by good planning and co-ordination amongst officers and through the More for York Governance Board.

### **Project Milestones & Resources**

The milestones and resources for this project are not set out in appendix 1. This is because this project is in the secondary business case group. This means that resource allocation and timescales will only take place once the three priority projects (EPH, In house home care and electronic homecare monitoring) have their resources and milestones confirmed in place.

### **Risk Log**

- 1a. Unplanned costs could be incurred
- 1b. Simple efficiencies could be missed

This will be mitigated by more detailed scoping of the opportunities for savings and any costs to be avoided.

- 2. There may be critical dependencies for the Electronic Homecare Monitoring that need some elements of this project to be achieved to deliver success.

This will be scoped as part of the EHCM project plan.

# **Assistive Technology, Warden Control & Support Services**

## **Assistive Technology, Warden Control & Support Services**

### **Strategic Fit**

This activity fits alongside the projects, 1. review of Elderly Person Homes and 2. improving clarity and efficiency in end-to-end customer process.

This review will consider services delivering assistive technology, warden control and related support services to older people, people with learning and physical and sensory disabilities.

The strategic context includes:

1. City of York Commissioning Strategy for Older People 2006-2021
2. Shaping the Future of Care Together - Green Paper 2009
3. York HASS Directorate Plan 2009/10 – 2011/12
4. ASC Framework 2009
5. Transforming Adult Social Care LAC (DH) (2008)1

### **Objectives**

The review will look to:

1. Ensure services are full aligned with ASC end to end process and culture of maximising independence
2. Ensure that access, criteria and charging are all consistent
3. Examine opportunities for service efficiencies between services and synergies with out of hours home care services
4. Ensure best use and allocation of resources

### **Options Appraisal**

This will be dependent upon the outcome of initial work which will review:

1. Warden Control services
2. Community alarm services
3. Assistive technology
4. Supporting people services

The review will focus on understanding the business model for each service, its technical and resources requirements and its performance. The review will investigate opportunities to deliver the objectives outlined above.

### **Commercial Aspects**

This will be dependent upon the outcome of initial review work.

# **Assistive Technology, Warden Control & Support Services**

## **Affordability**

This work will seek to maximise the benefit of current services and resources and will seek to focus activity on maximising independence. This could lead to a change in the spend profile for customers, eg an increase expenditure on assistive technology, but within the context of overall reductions in expenditure per person.

The case for affordability will be dependent upon the outcome of the initial review work.

## **Achievability**

This will be dependent upon the outcome of initial review work.

## **Project Milestones & Resources**

The milestones and resources for this project are not set out in appendix 1. This is because this project is in the secondary business case group. This means that resource allocation and timescales will only take place once the three priority projects (EPH, In house home care and electronic homecare monitoring) have their resources and milestones confirmed in place.

Additionally this work is dependent upon the outcome of the End-to-End customer process.

## **Risk Log**

1. Opportunities for making significant changes to service model may be delayed

This will be mitigated by review of scope once the three priority projects are fully resourced and the End-to-End Customer Process is agreed.

2. ASC management team could be overstretched by trying to deliver too many projects at the same time.

This is mitigated by putting this business case into the secondary priority category. Decisions over resources, scope and timescales will be made in light of the outcomes from the three priority business cases.