Future Focus: Adult Social Care Transformation Programme

Interim Benefits and Evaluation Report, June 2018: Talking Points and Community Led Support.

Contents

> *The definition of transformational change is the emergence of an entirely new state prompted by a shift in what is considered possible or necessary which results in a profoundly different structure, culture or level of performance.*
>
> **The Kings Fund**

1 Executive Summary

1.1 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. 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 high quality, personalised and flexible support for those in receipt of Adult Social Care.

1.2 KPMG were commissioned in the discovery phase of the project to provide detailed business analysis and to examine a case for change. This analysis described poor outcomes for customers, for staff and for the organisation, it told a story of an unwieldy system based around process heavy 'deficit model' that expensive and does not consistently result in everyone achieving all of their goals and living well; in short:

- It took a long time for the machinery of the process to get going, waiting times for assessments were long, people who had waited could well have deteriorated further during this time and evidence showed that some had ended up in the system in any case as a result of a crisis;
- Assessment had become a gateway to expensive traditional care and evidence that the care was a solution the underlying issues or acted in a way that promoted good outcomes was lacking;
- In over 95% of reviews of care there was no change or an increase in the care package;
- Staff were under pressure with the system and paperwork was overly complex and at times unhelpful;
- Costs to the organisation were rising as people were staying longer in care.

1.3 Our response to this was to challenge ourselves to rethink the delivery and practice. We found a partner in the National Development Team for Inclusion (NDTi) and are working together to co-produce a *Community led Support* (CLS) approach to social care delivery.

1.4 CLS is designed to be bespoke to local communities. It is designed and driven jointly by our own managers and practitioners along with local partners and members of the community they are serving. We are learning and supported by NDTi and more than 15 other local authorities who are changing their practice as we are.

1.5 **CLS principles are:**
- **Coproduction** brings people and organisations together around a shared vision
- There has to be a **culture based on trust and empowerment**
- There is **a focus on communities** and each will be different
- People are treated as equals, their **strengths and gifts built on**
- **Bureaucracy is the absolute minimum** it has to be
- People get **good advice and information that helps avoid crises**
- **The system is responsive, proportionate and delivers good outcomes**
- It is a process that evolves and is **continually refined based on learning**.

1.6 It was clear that CLS required a different conversation, a rebalancing of the power dynamic from a professional gift model to an approach that sees the individual as the main focus and a method to make the response to ASC quicker and more connected to communities. Learning from other areas suggested a location in the community would be the best opportunity as a vehicle for the new approach, and so the idea of the Talking Point was born.

Future focus

1.7 OUTCOMES

1.7.1 Customer experiences have improved for this group:
The average wait time from 1st contact to ASC contact for people using the talking points have been reduced from an average of 9 weeks[i] to less than 7 days. In addition 100% of people commenting have expressed satisfaction with the outcome of the process. There is no comparison with current data except to note that third of complaints for Social Care in 2016 related to a "lack of action."

1.7.2 Staff have reported much better experiences working out of a Talking Point.
The feedback on the tools and reduced paperwork both for staff and for partners receiving referrals has been noted. Staff who are on the Talking Point rotas have taken the opportunity to feedback their experiences to the wider staff group

1.7.3 Costs to the organisation have been avoided. We have observed a reduction of resource intensive processes with Self Supported Assessments, a process estimated at a cost of £339 per person have falling by more than half. There has been a corresponding reduction the number of people moving onto to packages of care through this process: conversion rates from Talking Points to statutory paid for services are 43% compared with a national average of 65% from Assessment to Services. The data shows that instead of incurring the cost of a SSA for 23 people, SSA are only being undertaken for 10 customers. Taking an average cost of assessment at £329.00 per assessment[ii], **this equates to saving in avoided Assessment work for this group to the organization of £4277.**

1.8 The data shows that only 43% of cohort went on to receive services (or are on track to receive services) compared to a national average of 65% of people receiving an assessment receiving services[iii]. The model shows just 43% of Talking Point customers will receive services compared with 65% of the counterfactual case. This average homecare package is £10,120.92 per person per annum (based on an average of 10.7 hours care at £18.19 weekly). **Accordingly the model would calculate savings of £50,604.58. At this early stage the data cannot tell us for how long we have avoided the delivery of this care package, but a conservative estimate of 6 months delay would equate to a saving of £25,302.29. The direct comparison of this group to the counterfactual case equates to cost avoidance savings of £29,579.29.**

1.9 Acknowledging that such small numbers from the first Talking Point present statistical challenge, we present some forecasting. Assuming:
   - that the this approach will maintain a reduction in the number of supported self assessments undertaken by the services; and
   - that the rate of people leaving the talking points with no service will continue as at present and that this group will remain without service for a minimum of 6 months.

1.9.1 This results in a total forecast of avoided of costs and savings to homecare budget of c.£677.4k for the FY2018/19.

2 Background to the Project.

2.1 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.

2.2 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.

2.3 It is generally agreed that because of the significant budget restraints on local government and the impact on social care and the rising numbers of older and vulnerable people living longer, a new approach is needed.

2.4 In March 2017 the Future Focus project was established to look at the way Care Management Teams worked, the costs and obstacles of the current system with the aim of establishing an Asset Based model that had a greater focus on the Care Act's wellbeing principle and the imperative to prevent, reduce and delay the need for care.

2.5 The project found that the traditional methods of assessments and means testing to determine both statutory and financial eligibility for traditional Social Care services such as home care and residential care have proved both costly and time intensive. It found that the creation of functional teams around care management processes were having unintended consequences such as growing waiting lists and additional hand offs for customers, as well as frustration for staff in the system.

3   Design Principles: Who benefits?

3.1 KPMG were commissioned in the discovery phase of the project to support the team with detailed business analysis and to examine the case for change. The initial business analysis findings described poor outcomes for customers, for staff and for the organisation. An unwieldy system based around process and a deficit model. In short:

- It took a long time for the machinery of the process to get going, waiting times for assessments of need were long, most people who had waited could well have deteriorated further in this time or ended up in the system as a result of a crisis;
- Assessment became a gateway to expensive traditional care that may or may not meet the underlying issues at the heart of the problem;
- More than 95% of reviews of care led to no change or an increase in the care;
- Staff were under pressure with a system and paperwork that was complex and unhelpful;
- Costs to the organisation were rising as people were staying longer in care.

3.2 The project needed to design and build processes that were based on an Asset model of Care and Support that looked to change the nature of the conversations in social care to see people as part of the solution and not a problem to be fixed, that reduced unnecessary hand offs, administration and waiting lists throughout the system.

3.3 The Future Focus Project established a set of Design Principles based on this by which its design work, approach and success could ultimately be measured. Working with staff and stakeholder the project established the following design principles:

Table 1. Future Focus Programme: Design Principles:

For Residents	For Staff	For Organisation & Partners
Co-Production and Citizen Engagement	Engaged and Supported Workforce	Achieve Financial Sustainability
Maintain Independence and support outcomes	Career Pathways	Measure, Learn & Improve.
Creating Resilient Communities	Processes Supports Good Practice	Measure, Learn & Improve.
Deliver at the Right Place, Right Time, Right Person, the Right Solution	Supporting Integration and Partnership working	Supporting Partners
Changing expectations	Supporting Integration and Partnership working	Supporting Partners

4   The Approach – Community Led Support

4.1 Our response to this was to challenge ourselves to rethink delivery and the practice that underpins our approach. We found a partner in the National Development Team for Inclusion (NDTi) and are working together to co-produce a *Community led Support* (CLS) approach to social care delivery. CLS is designed to be bespoke to local communities. It is being designed and driven by our own managers and practitioners along with local partners and members of the community they are serving.

4.2 CLS will take a traditional Community Social Work approach and build on what is already working in communities, joining up good practice and strengthening common sense, empowerment and trust. It encourages us to work collaboratively with our communities and staff teams to redesign a service that works for everyone.

4.3 **CLS principles are:**
- **Coproduction** brings people and organisations together around a shared vision
- There has to be a **culture based on trust and empowerment**
- There is **a focus on communities** and each will be different
- People are treated as equals, their **strengths and gifts built on**
- **Bureaucracy is the absolute minimum** it has to be
- People get **good advice and information that helps avoid crises**
- **The system is responsive, proportionate and delivers good outcomes**
- It is a process that evolves and is **continually refined based on learning**.

4.4 It is important to note that CLS is not promoted as a cost-saving measure, and no sites have introduced or presented it as such. The rationale for the asset or strengths-based approach that underpins the CLS programme is that it delivers the most effective support for the person with an emphasis on better 'social' as well as health-related outcomes.

4.5 However, when an intervention or approach prevents the use of traditional services which are typically provided at a high cost to the public purse, and draws instead on community-based

solutions that carry a lower cost, it is expected that the service will see some financial benefit, whether or not this translates into cashable savings. In December 2017 NDTi published a Cost Benefit Analysis which showed that based on data from a number of sites, the CLS approach yielded a return of £2.22 for every £1 invested in delivery.

4.6 The match between the design principles; the issues and the benefits identified during the discovery stage of the project, coupled with the positive comments and experiences of colleagues in the areas that had begun the CLS journey, convinced us this approach was worth pursuing.

5. Talking Point #1 – The Innovation Site.

5.1 Community Led Support requires a different conversation. It demands a rebalancing of the power dynamic from a professional gift model to an approach that sees the individual as the main focus of the work and needs a response which is quicker and more connected to communities. Learning from other areas suggested a location in the community would be the best opportunity as a vehicle for the new approach, and so the idea of the Talking Point was born.

5.2 Talking Points are community hubs designed to offer the opportunity to have a face-to-face conversation with a social care worker in a convenient location. They bring social care workers out into the community, making them responsive and more accessible. They connect ASC practice with communities and partners in a way that allows us to bring the vibrancy and value of these communities to support people who may otherwise have social care related issues. The use of the talking points was deliberately designed to be achieved without going through a lengthy assessment, but by simply talking through what an individual's strengths might be, and what support, if any, they have in place already.

5.3 In the new model the task for social care staff becomes an opportunity to look at what is missing for the customer in pursuit of what matters to them. If it's clear that people do need more traditional 'formal' support, this can be discussed as well and the initial conversation becomes the start of a full "care act" assessment. The point is we don't start with the idea that the solution lies in care services, but build incrementally towards a statutory response depending on the need.

5.4 Nothing is wasted and no opportunity to meet these needs in more innovative and preferable ways is missed. Staff use their skills to support what is important to the resident in living a good independent life and maintaining their independence and resilience.

5.5 In March 2018, after successful consultation with the community, the first Talking Point was opened at the Lidgett Grove Community Cafe in the Acomb area of the city. It runs for 2 hours a week and has been dealing with new referrals to Social Care from this area of the city. It is a site which tests a lot of the theory and is designed deliberately to work with small number prior to rolling out the approach city wide.

6.How we evaluate

6.1 With small numbers and a model that seeks to avoid certain outcomes we are hindered in early evaluation by two statistical axioms: the first being you can not prove a negative and

the second around the law of small numbers and its effect on statistical significance[iv]. This being the case we rely on some softer and more pragmatic measures at the innovation site level and aim to build our data sets and evidence as the approach is rolled out.

6.2   Our approach is to build our evidence from individual level soft data to operation level data that allows adaptations and learning from the model.
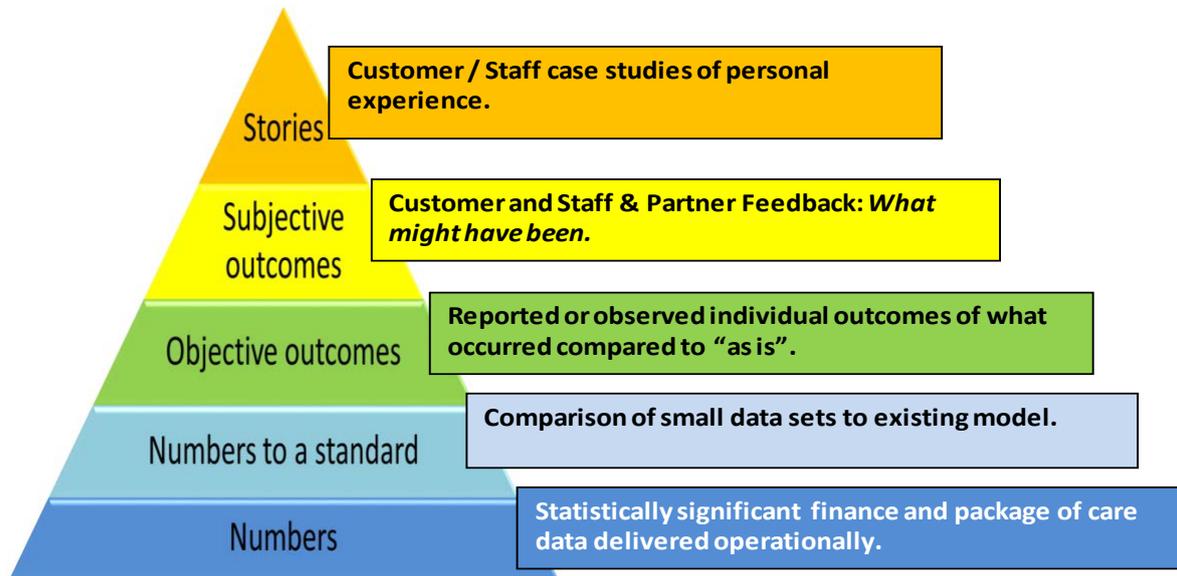

Fig 1. Tiered approach to evaluation

Customer Experience:

6.3   Stories and personal experience are key to understanding outcomes with the small numbers of residents moving through the single talking point. At each talking point staff will engage with customers and their direct experience of how they were supported on the day will be collected via a customer feedback card. At the time of this data 27 appointments had been held at the Talking Point, including a number of multiple attendances (carers, spouses and family members).

Fig 2. How did we do?
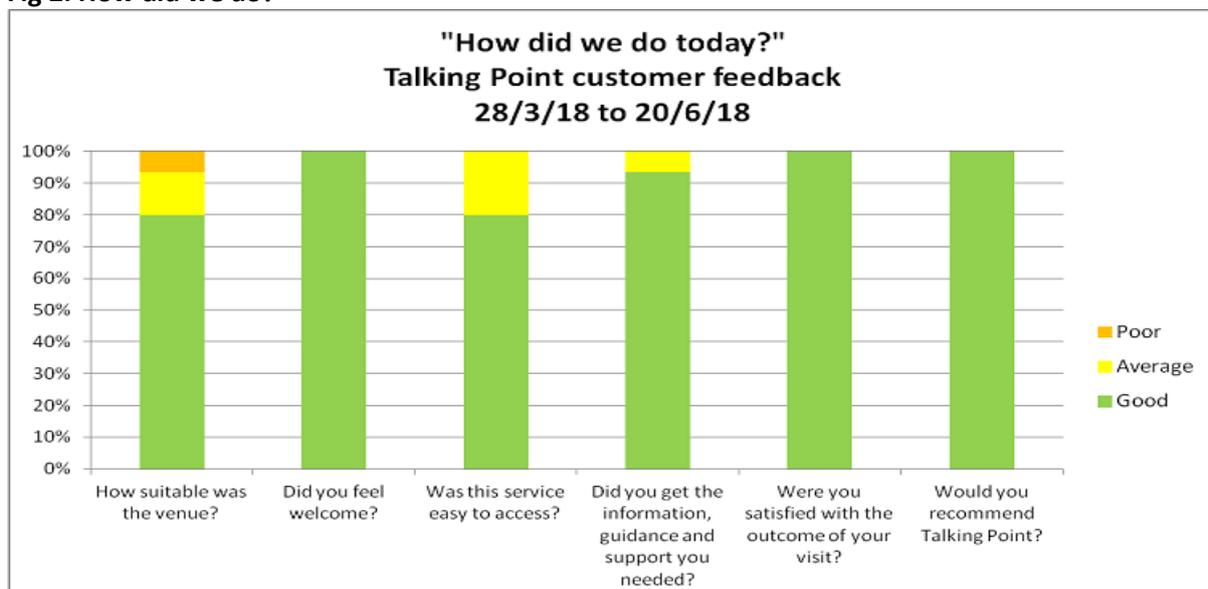
6.4 In addition each talking point is followed up with a review session attended by a service manager, the staff on duty in the Talking Point that day and a member of the Future Focus project team.

6.5 Individual customer feedback following visits to the talking point has been extremely positive:

Feedback from Mrs S: Initial contact re Husband and her carer role. "The whole system has been great" she is a **"more than happy customer".** Mrs S said Mr S was "more than happy with a community venue and calmer, many people with dementia have a fear of hospitals and official places." The talking point was an ideal venue. Mr S was not placed on a waiting list for anything. 2 OT contacts: all advice, info and equipment in place. Has had follow up calls. **This case is now closed to service.**

In recent Staff feedback, one typical example showed that total time of process from 1st contact to closure was **less than the average current time for a customer spent on one of the waiting lists.**

Mrs M: *Referred for full ASC assessment by partner organisation*. Conversation with Mrs M led to discovery of different wishes. Advice and support offered: caller alert system, information about activities, United Response and getting into work, plus referral to Local Area Co-ordinator. Referral to i2i (Inspire to Independence) who can support with achieving the outcomes Ms M. wished to achieve. Case closed to ASC at present from 11/4. **Not on a waiting list for a SSA and met within a week of contact.**

Table 2: Outcomes.

Outcome	Talking Point	Current System
Average Wait time from 1st contact to ASC contact	<7 days.	9 weeks[v].
Satisfaction with Outcome	100%	Not known. A third of complaints for Social Care in 2016 related to a "lack of action."

Staff and Partner Experience

6.6 Staff have reported much better experiences working out of a Talking Point. The feedback on the tools and reduced paperwork both for staff and for partners receiving referrals has been noted. Staff who are on the Talking Point rotas have taken the opportunity to feedback their experiences to the wider staff group.

"It's really good – a different approach to practice with no preconceived ideas. I'm enthusiastic. We'll have a better idea when we roll out … but it's helping communities pull together"
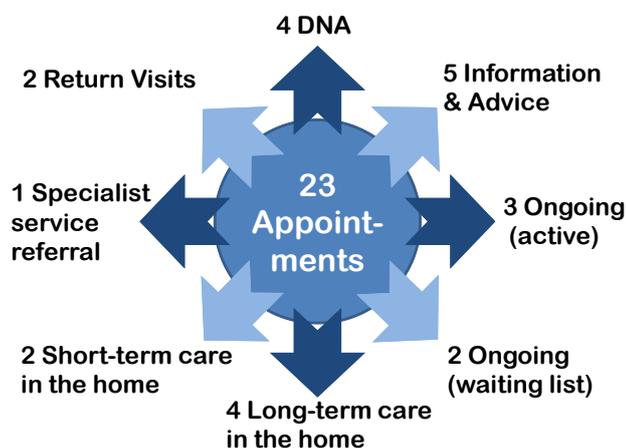
"It's actually fun!"

Wider system: "just wanted to make you aware of some feedback I heard at a recent Primary Care Home meeting. A local GP was so very positive about the Talking Point. They had a couple who kept attending that they were unsure what to do about, there were clear needs, but the GP surgery was not an appropriate place for these to be met. They referred them to the Talking Point and the couple were seen swiftly and fed back a great outcome. This is a really powerful message." *Public Health Colleague.*

We're delighted to be part of the Talking Point .Having the team at our Community Cafe adds to what we can offer our current "customers" [It's] a place for people of all ages to meet up to help alleviate loneliness and social isolation, and we're confident that this partnership will reach out to even more members of our community.

Anna Harrison, Community Cafe Co-ordinator, Lidgett Grove

Organisational Cost Avoidance

6.7 A sample has been taken of 23 appointments made at the talking points. This cohort is made up of customers who would have otherwise been put on a waiting list for a supported self assessment. The figures outline below on cost avoidance is made up of the current situation and cost to the system compared with a counterfactual case.

4 DNA

2 Return Visits

5 Information & Advice

1 Specialist service referral

23 Appoint-ments

3 Ongoing (active)

2 Short-term care in the home

2 Ongoing (waiting list)

4 Long-term care in the home

6.8 The data shows that instead of incurring the cost of a SSA for 23 people, SSA are only being undertaken for 10 customers. Taking an average cost of assessment at £329.00 per assessment[vi], this **equates to saving in avoided Assessment work for this group to the organization of £4277.**

6.9 The data shows that only 43% of the cohort went on to receive services (or are on track to receive services) compared to a national average of 65% of people receiving an assessment receiving services[vii]. The model shows just 43% of Talking Point customers will receive services compared with 65% of the counterfactual case. This average homecare package is £10,120.92 per person per annum (based on an average of 10.7 hours care at £18.19 weekly). **Accordingly the model would calculate avoidance of £50,604.58. At this early stage the data cannot tell us for how long we have avoided the delivery of this care package, but a conservative estimate of 6 months delay would equate to a saving of £25,302.29.**

6.10   The direct comparison of this group to the counterfactual case equates to cost avoidance savings of £29,579.29.

Case Study: Mrs R.'s husband contacted ASC on 25/4 as his wife was recently discharged from hospital having lost her sight. She is 61 year old, has insulin dependent diabetes and retinopathy. His wife was sight impaired before this operation and although they said she may get some vision back, the operation left her almost completely blind and according to Mr R had been "discharged without any help." He was furious with the hospital and was threatening to sue them. The Talking Point appointment prompted this couple to use public transport and travel outside of home. Support and advice were offered. Service provided through CYC's specialist sensory provider. **A GP gave her opinion that this work avoided an unnecessary and costly hospital readmission.**

6.11   NB: This paper does not attempt to include wider system costs at this stage, nor does it attempt to estimate the social value of the different interventions, however it is worth noting that that the cost of a hospital admission is estimated at £400 per day. At an average stay of 7 days this equates to a saving to the wider system of £2800.

Extrapolating Savings and Cost Avoidance – Point of entry.

6.12   Based on 2016/17 data there were 1624 cases that were taken to assessment and support planning. As the CLS approach expands the Talking Point model must be able to flex to accommodate similar numbers of appointments across the year. With an expected 9 Talking Points coming on line between now and March 2019 accommodating a *minimum of* 5 initial stage appointments per week, making a total of over 1640 appointments available per annum.

6.13   The table below assumes the reduction in the number of supported self assessments undertaken by the services because of the talking point approach will be sustained. It assumes that rate of number of people leaving the talking points with no service will continue as at present, and that while this avoidance of care is not indefinite; there will be at least 6 months of delay to people coming into care. Savings have been calculated the ASC budget based on an average homecare package cost.

Table 3: Forecast avoidance of costs and savings to homecare budget.

	2018/19			
	Q1	Q2	Q3	Q4
TPS by Quarter End	1	3	5	9
APPTS (total)	48	112	192	336
UPTAKE (Target . Expected)	35%	50%	80%	95%
SEEN	17	51	138	315
SSA 33%	6	17	45	104
CUMULATIVE SSA AVOIDANCE	£ 3,150.50	£ 12,752.04	£ 38,556.17	£ 97,665.62
CUMULATIVE SERVICE SAVINGS*	£ 18,703.46	£ 75,704.48	£ 228,894.73	£ 579,807.26

based on average homecare package for 6 months.

This equates to the business case "Front Door" avoidance of costs and savings to homecare budget of £677.4k for the FY2018/19.

7. Community Led Support and the Review Process:

7.1 Other Local Authority site have demonstrated significant savings in packages of care when employing the CLS approach to reviews of care. The plan is to implement this in stage 3 (August to October 2018) and evaluate the initial work in October 2018.

7.2 **Future evaluation reports will test the average package of care for the Talking Point clients, the conversion rates of Talking Points to packages of care and the effect of CLS on reviews.**

8. Long Term Tracking of Costs and Benefits

8.1 In order to track benefits costs to the system and effective delivery, the project has had support from Business Intelligence to create a complete dashboard of indicators.

8.2 This will track, amongst other wider benefits, the take up of appointments, customer outcomes, expenditure and the effects of CLS in the review process.

Table 4: ASC Performance Dashboard.

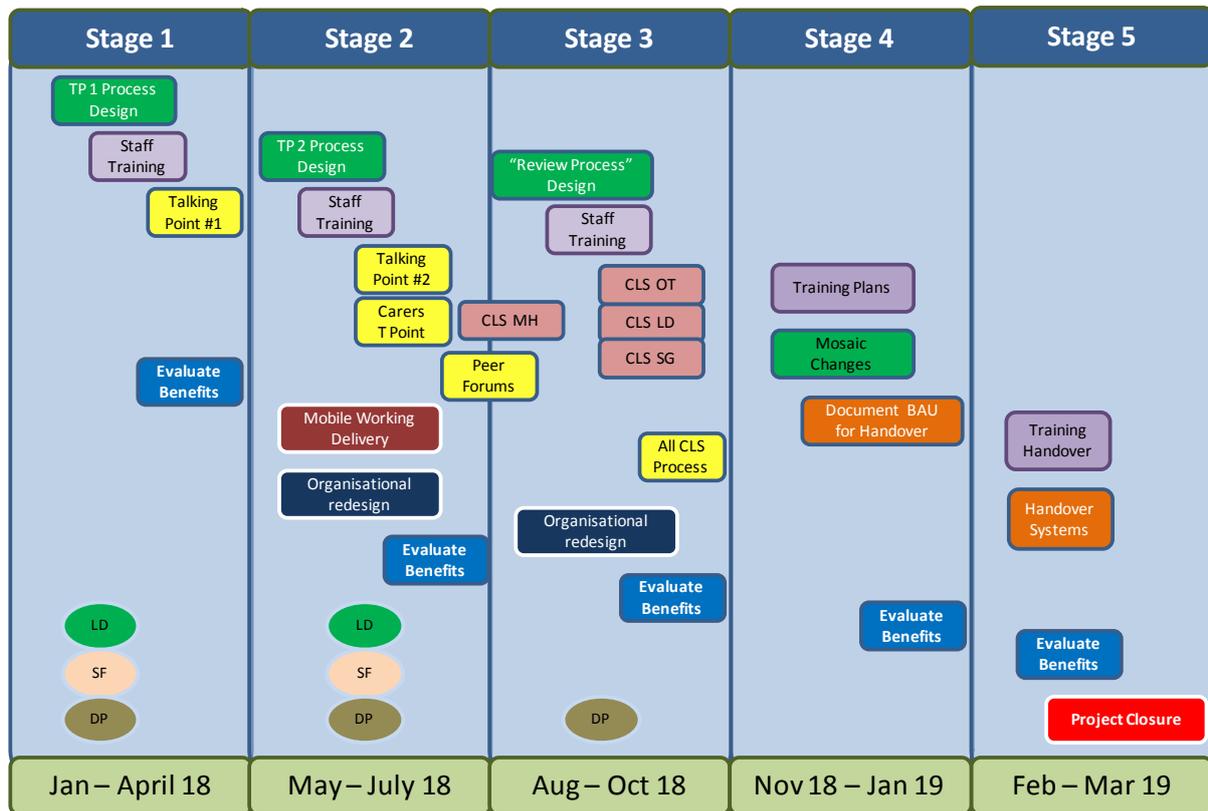| Introduction to Universal Services / Early Intervention / Strength-Based Conversations	
Indicators	**Build Status**
Number of initial calls that are resolved with information/advice/guidance (IAG)	🟩
% of initial calls that are resolved with information/advice/guidance (IAG)	🟩
Number of inappropriate referrals from primary care	🟩
Number of initial calls that progress to formal care & support services	🟧
% of initial calls that progress to formal care & support services	🟧
Number of Talking Point venues in operation	🟩
Number of Appointments available in period	🟩
% of Available Appointments attended by Customer	🟩
% of Reviews that Result in Reduced Level of formal care & support	🟥
% of Support Planning worksteps where IAG or introduction to universal services is recorded	🟥
% of Review worksteps where IAG or introduction to universal services is recorded	🟥
Reablement Services	
Total Expenditure on Reablement Service	🟩
Number of Customers receiving Reablement Service	🟩
Hrs / wk delivered by Reablement Service	🟩
Average length of stay on Reablement Service	🟩
% of Reablement Packages that end at six weeks or sooner	🟩
% of Reablement Packages with no ongoing care needs at end	🟥
% of Reablement Packages followed by a reduced care package	🟥
Home Care Services	
Total Net Expenditure on Home Care services	🟩
Number of Customers receiving Home Care services	🟩
Hrs / wk Planned Home Care services	🟩
Hrs / wk Actual Home Care services	🟩
Value of Adjustments to Services following Forensic Review	🟩
Residential & Nursing Care	
Total Net Expenditure on Long-term Residential & Nursing Care	🟩
Number of Customers whose Long-term Needs are met by Residential Care	🟩
% of Customers whose Long-term Needs are met by Residential Care	🟩
Number of Customers whose Long-term Needs are met by Nursing Care	🟩

% of Customers whose Long-term Needs are met by Nursing Care	🟩
Average age at start of placement	🟩
Average age at end of placement	🟩
Average length of placement	🟩
LD Services	
Total Net Expenditure on LD Services	🟩
Value of Adjustments to Services following Forensic Review	🟩
Improved Access to CHC	
Number of referrals to CHC	🟥
Number of jointly funded services	🟥
Direct Payments	
Number of Customers receiving Direct Payments	🟩
% of Customers receiving Direct Payments	🟩
Total Net Expenditure on Direct Payments	🟩
Customer Wellbeing	
Average time taken from first contact to receiving service	🟩
Average time taken from first contact to referral being completed	🟩
Average time taken from first contact to assessment being completed	🟩
Number of complaints about ASC services	🟥
Supportive Communities	
Number of users to Live Well York website	🟩
Number of new users to Live Well York website	🟩
Number of volunteers	🟥
Number of community organisations	🟥
Trusted and Empowered Staff	
Percentage of staff reporting "happiness" with CYC as an employer	🟥
Percentage of staff reporting "high satisfaction" with their job	🟥
Days of sick leave per year - ASC staff (rolling 12 month average)	🟩
Turnover amongst ASC staff (rolling 12 month average)	🟩
A system that works better	
ASC expenditure per day (£000s)	🟥
Non-elective admissions to hospital per day	🟩
90% length of stay in hospital	🟩

9 Appendices

9-1 High Level Stage Plan

High Level Stage Plan

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
TP 1 Process Design	TP 2 Process Design	"Review Process" Design	Training Plans	Training Handover
Staff Training	Staff Training	Staff Training	Mosaic Changes	Handover Systems
Talking Point #1	Talking Point #2	CLS OT	Document BAU for Handover	
	Carers T Point	CLS LD		
	CLS MH	CLS SG		
	Peer Forums			
Evaluate Benefits	Mobile Working Delivery	All CLS Process		
	Organisational redesign	Organisational redesign		
	Evaluate Benefits	Evaluate Benefits	Evaluate Benefits	Evaluate Benefits
LD	LD			Project Closure
SF	SF			
DP	DP	DP		
Jan – April 18	**May – July 18**	**Aug – Oct 18**	**Nov 18 – Jan 19**	**Feb – Mar 19**

9-2 References and footnotes:

[i] There are high and rising wait times for assessments and care, creating poor experiences for York residents. Average waiting time for homecare on 13 July 2017 was 9 weeks; a third of all ASC complaints are due to 'lack of action'; and delays from non-acute settings into social care rose from 4 to 136 between 15/16 to 16/17 (ASC transformation Business Case 2017)

[ii] This figure is embedded in the DIlnot financial impact model developed by Lincolnshire CC and endorsed by ADASS. The figure includes costs but excludes management costs and is based on direct assessment staffing costs provided by Accountancy.

[iii] Community Care Statistics, Social Services Activity, England.

[iv] The Law of small numbers can be described as the judgmental bias which occurs when it is assumed that the characteristics of a sample population can be estimated from a small number of observations or data points.

[v] There are high and rising wait times for assessments and care, creating poor experiences for York residents. Average waiting time for homecare on 13 July 2017 was 9 weeks; a third of all ASC complaints are

due to 'lack of action'; and delays from non-acute settings into social care rose from 4 to 136 between 15/16 to 16/17 (ASC transformation Business Case 2017)

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