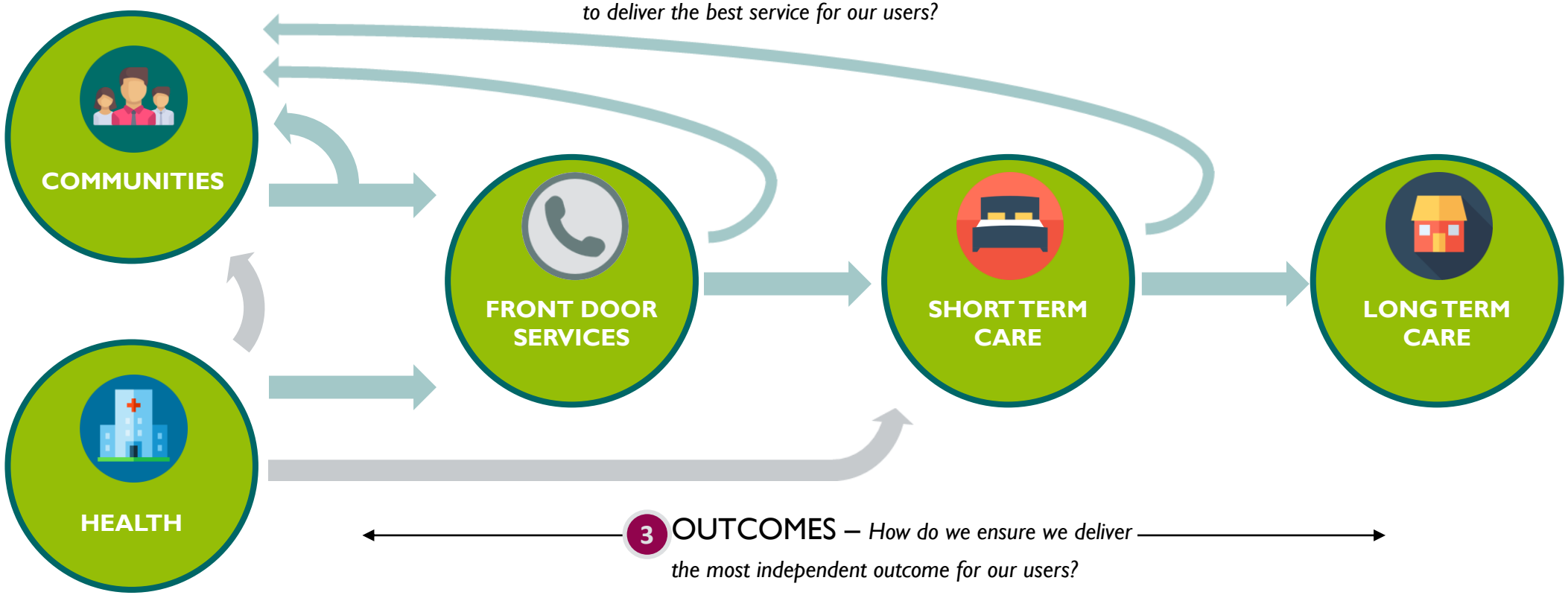
Front Door & Prevention Diagnostic

Norfolk County Council

Diagnostic Scope

1 PREVENTION – *How do we best support our communities to maintain independence?*

2 FRONT DOOR OPERATIONS – *How do we support our front door teams to deliver the best service for our users?*



3 OUTCOMES – *How do we ensure we deliver the most independent outcome for our users?*

READINESS FOR CHANGE + EXISTING CHANGE INITIATIVES

4 READINESS FOR CHANGE - *How well set up are we to deliver lasting change?*

Norfolk County Council

Assessment Methodology

Rigorous, Evidence based, Prioritised

The rigor of the evidence and insight produced focuses on the level of potential improvement across outcomes, savings and staff engagement identified, as well as the understanding of the complexity which will need to be the basis of any implementation programme.

120+

People engaged across all teams in organisation

145

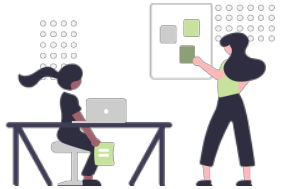
Cases reviewed in workshops

500k+

Line of data analysed

Staff involved

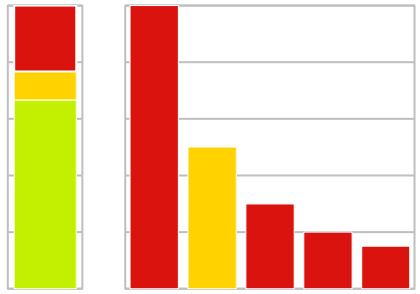
Pathway Workshops



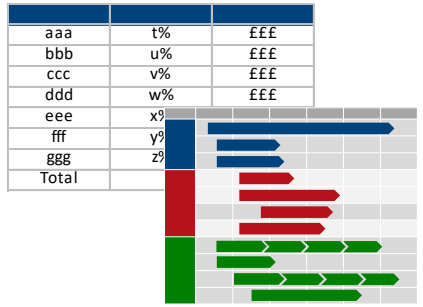
Historical Data & Benchmarks

Engagement with teams through studies, interviews, discussions, drop-in sessions and workshops throughout process

Performance and Biggest Opportunities



Prioritised Opportunities



aaa	t%	£££
bbb	u%	£££
ccc	v%	£££
ddd	w%	£££
eee	x%	
fff	y%	
ggg	z%	
Total		

Norfolk County Council

Opportunities for Our Service

PREVENTION

49% of people who present at the front door show the potential to have **their need prevented, reduced or delayed**

39% of preventable cases could have been more independent through the use of community resources

INDEPENDENT OUTCOMES

51% more per year **could be supported to maximise their independence**

1,500 more per year **could be supported to maximise their independence** through short term interventions like Reablement

HOW ARE WE SET UP TO DELIVER ON THESE OPPORTUNITIES

As this work has progressed, staff, managers and leaders have **increasingly engaged and participated; remarked on the need to take a different approach** to realise the opportunities; and are currently motivated for it to move forward.

However, concerns with the current set up arose: governance and leadership that doesn't consistently drive accountability for progress; performance is not always outcome focussed; a lack of capacity to commit the resources to achieve the opportunities; more effective operational communication needed to enable change.

FRONT DOOR OPERATIONS

9,400 more people per year contact SCCE than four years ago

36% of our font door practitioner capacity could be freed up by holistic service re-design

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Communities & Front Door Prevention

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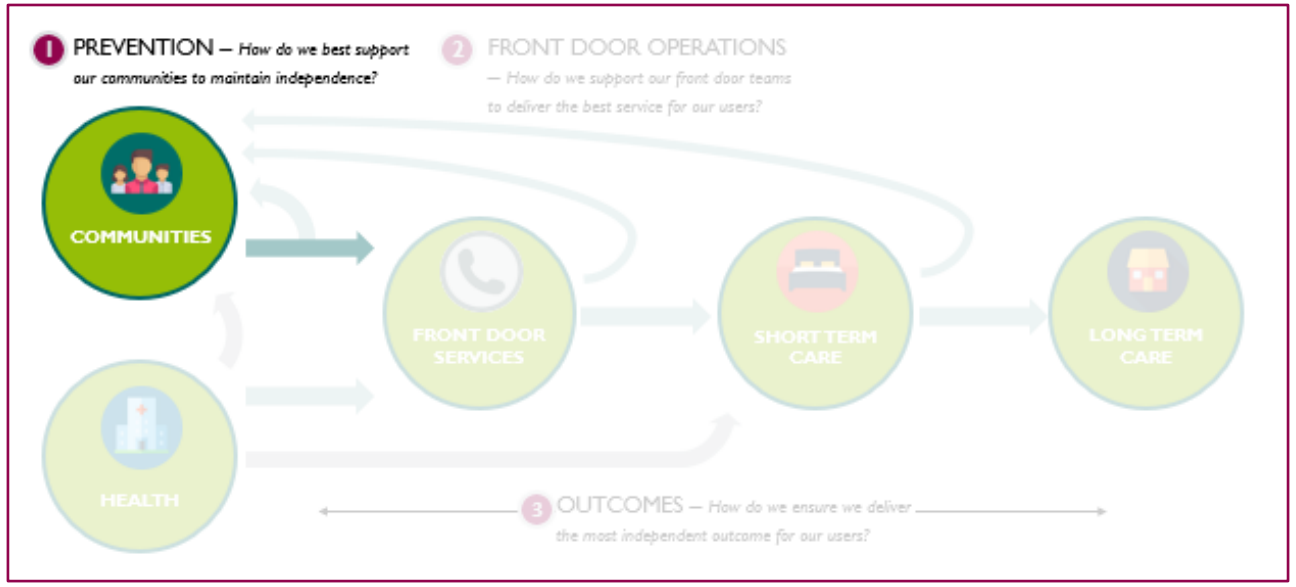
Communities & Front Door Prevention



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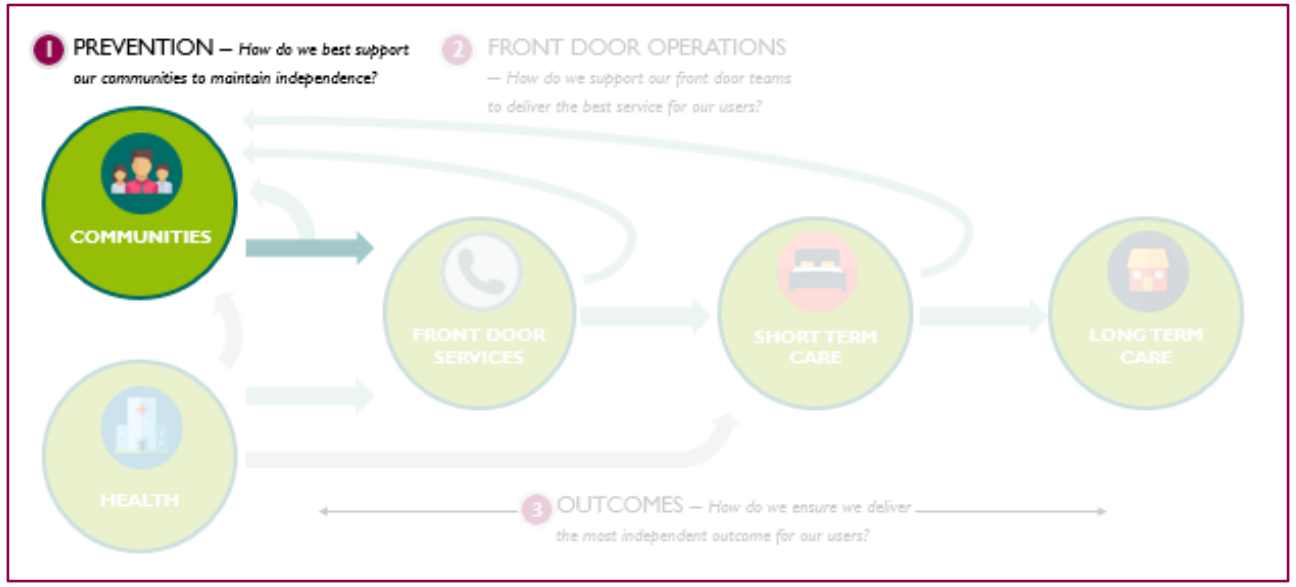
Understanding Norfolk



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Understanding Norfolk

Building an understanding of Norfolk's residents is key to the design of a long term preventative service

Targeted

We can identify which communities are most in need and where they live, allowing us to better focus on enabling them to live more independent lives.

Personalised

We can better connect people to the right community and voluntary services for them, engaging them using the right channels of communication.

When they do need more support, we'll be better prepared to offer them the right service the first time they make contact.

Proactive

We can be more proactive rather than reactive in our approach, helping people through community support or our services earlier in their lives so that they stay more independent for longer.

Efficient

Being more targeted and proactive should enable us to be more efficient with our time and capacity, enabling managers and practitioners to better focus on those that most need their support.

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Norfolk Segmentation

To deepen the understanding of people using data, we can segment Norfolk's residents into three levels of granularity based on demographics, social factors and behaviours: 5 Categories, 17 Groups and 59 Types

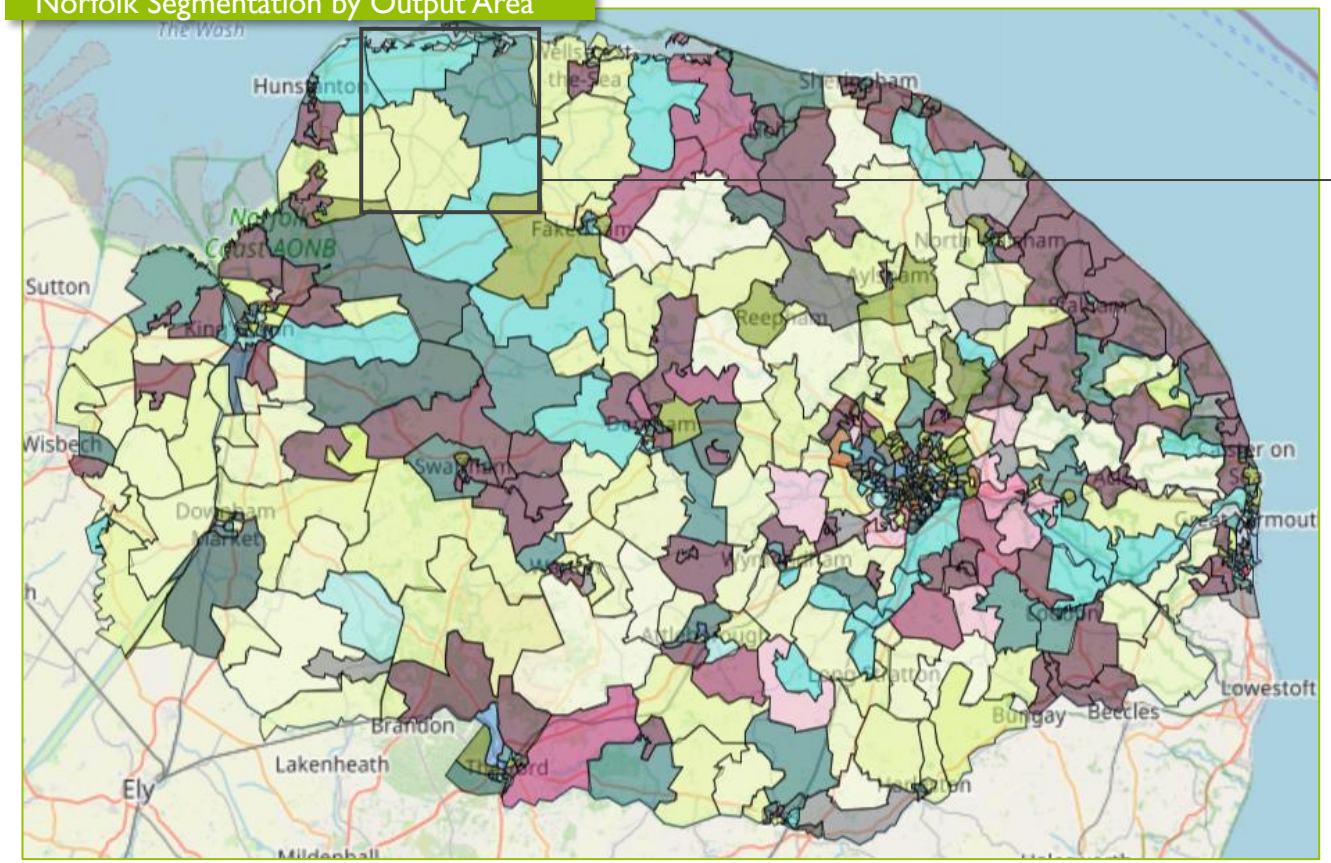
Segmentation Hierarchy

Category (5)	Group (17)	Type (59)
Affluent Achievers	Lavish Lifestyles	1-3
	Executive Wealth	4-9
	Mature Money	10-13
Rising Prosperity	City Sophisticates	14-17
	Career Climbers	18-20
Comfortable Communities	Countryside Communities	21-23
	Successful Suburbs	24-26
	Steady Neighbourhoods	27-29
	Comfortable Seniors	30-31
	Starting Out	32-33
Financially Stretched	Student Life	34-36
	Modest Means	37-40
	Striving Families	41-44
	Poorer Pensioners	45-48
Urban Adversity	Young Hardship	49-51
	Struggling Estates	52-56
	Difficult Circumstances	57-59

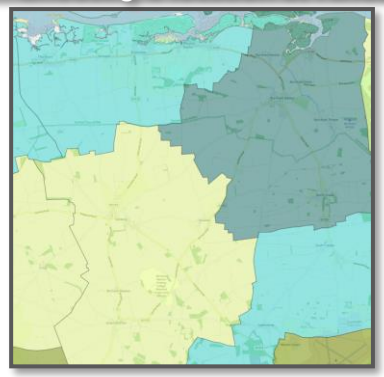
Norfolk Segmentation

Norfolk is unique in that it has a wide variety of communities, each with their own personal strengths and needs that we can start to understand through segmentation. This can both help to understand the profile of demand that presents at ASC and inform the approach to achieving the most independent outcomes for people.

Norfolk Segmentation by Output Area



Choosing a location at random…



Group Level Segmentation: Household Info

Poorer Pensioners
Age: 65-69 **Income:** £17k **Children:** 0

Countryside Communities
Age: 65-69 **Income:** £38k **Children:** 0

Striving Families
Age: 45-49 **Income:** £27k **Children:** 3+

Even in a small part of Northern Norfolk, there are distinctly different communities, each with very different strengths and needs.

We can use the segmentation to understand these communities right down to postcode level, and in turn develop a proactive, targeted and personalised support strategy.

Data source:
- Acorn segmentation by postcode
- Norfolk LAS service user data FY19/20

Example Segment Insight

Taking a segment at random, we can learn a lot about their demographic, vulnerabilities, communication preferences and interactions with adult social care.

Pensioners in social housing, semis and terraces

9K Norfolk individuals | 1% of Norfolk's population | 5% of front door demand

This group often live along or as a couple in flats or houses in sheltered or retirement developments that cater exclusively for older people in social housing, and that incorporate design features and/or services to meet their needs.

DEMOGRAPHICS

Single and couple retirees, living in 1 or 2 bedroom properties.

Age range	House tenure	House type	Higher Education
65+	Social renting	Terraced	17% (UK Average: 32%)

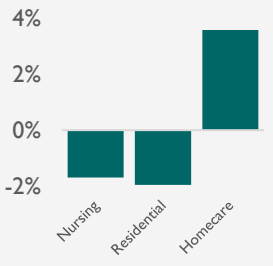
FAMILY SITUATION

This group can suffer from loneliness due to a lack of family or increasing caring responsibilities.

Most likely to be an informal carer per 10k population	More likely than average to live alone	More likely than average to be childless
16.4 (Norfolk average: 4.6)	53% (UK Average: 20%)	81% (UK Average: 46%)

NORFOLK ADULT SOCIAL CARE SERVICE INTERACTION

NCC provides this group a disproportionately high number of low-level packages.

High demand for social care per 1k population	Average age at first service	More likely to receive homecare than most
102 (Norfolk average: 21)	78 (Norfolk average: 77)	

Average duration of long term service (weeks)	Low spend per service user
96 (Norfolk average: 95)	£5.8k (Norfolk average: £6.8k)

VULNERABILITY

They usually have less money to meet their increasing health and social care needs.

Much more likely to self-assess as having fair or worse general health: 47% (UK Average: 17%)

Household income is less than half the UK average: £16k (UK Average: £40k)

COMMUNICATION

Preferred communication channel: Leaflets

Data source:

- Acorn segmentation
- Acorn health and wellbeing indicators
- LAS net spend on services excluding block contracts and LD in FY19/20
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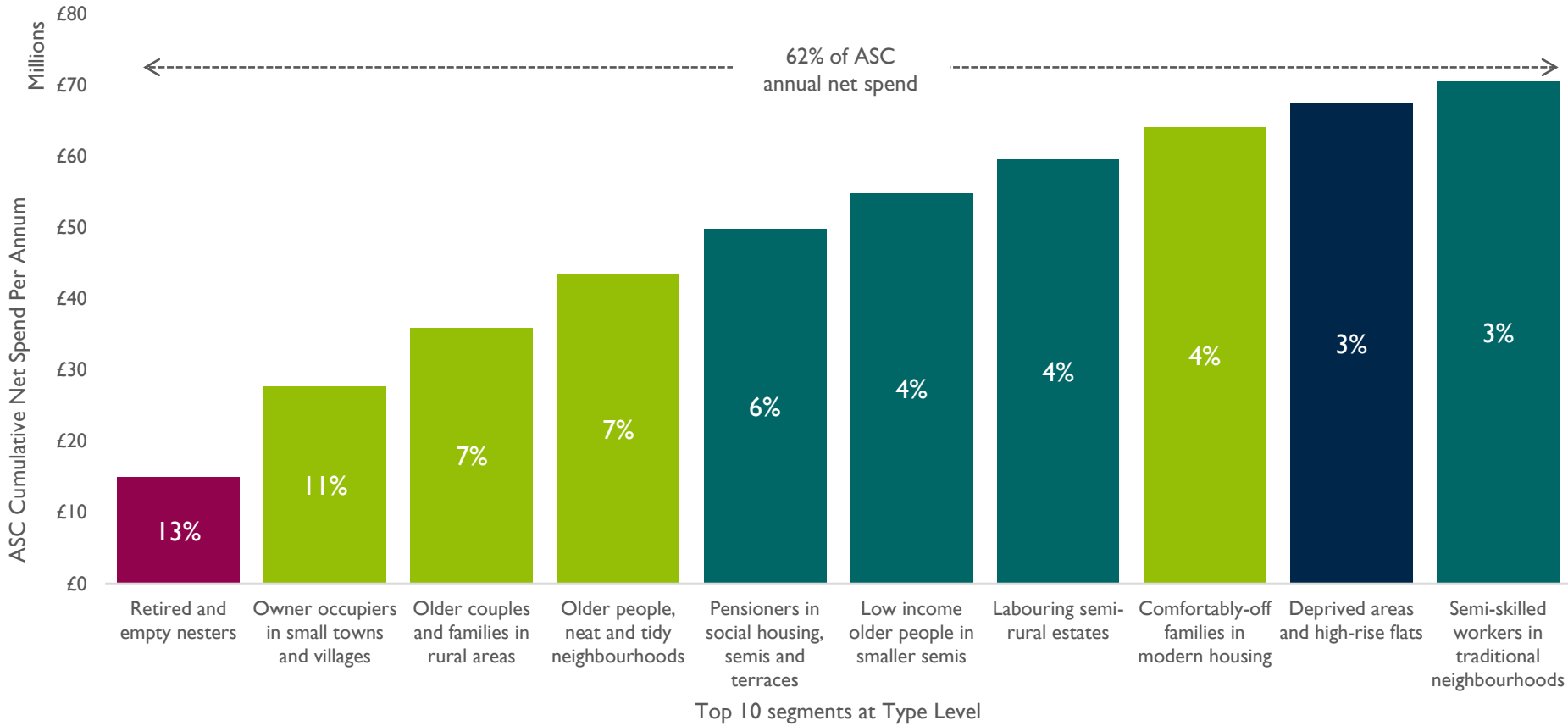
Top 10 Segments: ASC Spend

Linking the segmentation data to the internal ASC data creates powerful insight into the profile of service users across the county. Introducing our top 10 of 59 segments driving net annual ASC spend. They represent 62% of spend and are of varying degrees of affluence.

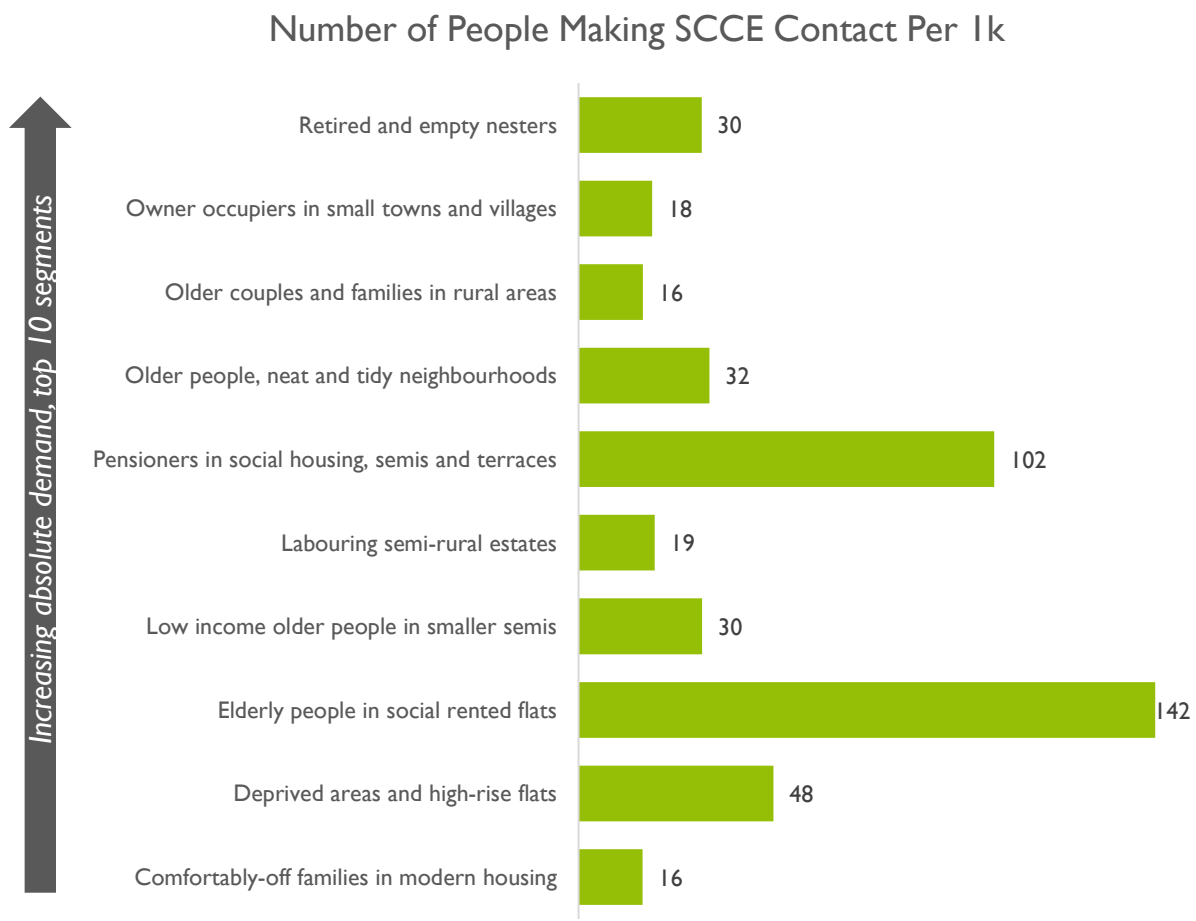


Data source:

- Acorn segmentation by postcode
- LAS net spend on services excluding block contracts and LD, FY19/20

Top 10 Segments: Front Door Demand

When we view our top10 segments from a front door demand perspective, we can quickly see that there is significant variation in demand amongst some seemingly similar communities. Variation is a good indicator of where to investigate further to understand opportunities for improvement.



What does this tell us?

There is significant variation in requests for support, even amongst communities that might appear similar at first glance.

Any programme to reduce demand should prioritise a combination of absolute demand and communities with the highest proportion of contacts, namely Elderly people in social rented flats and Pensioners in social house, semis and terraces

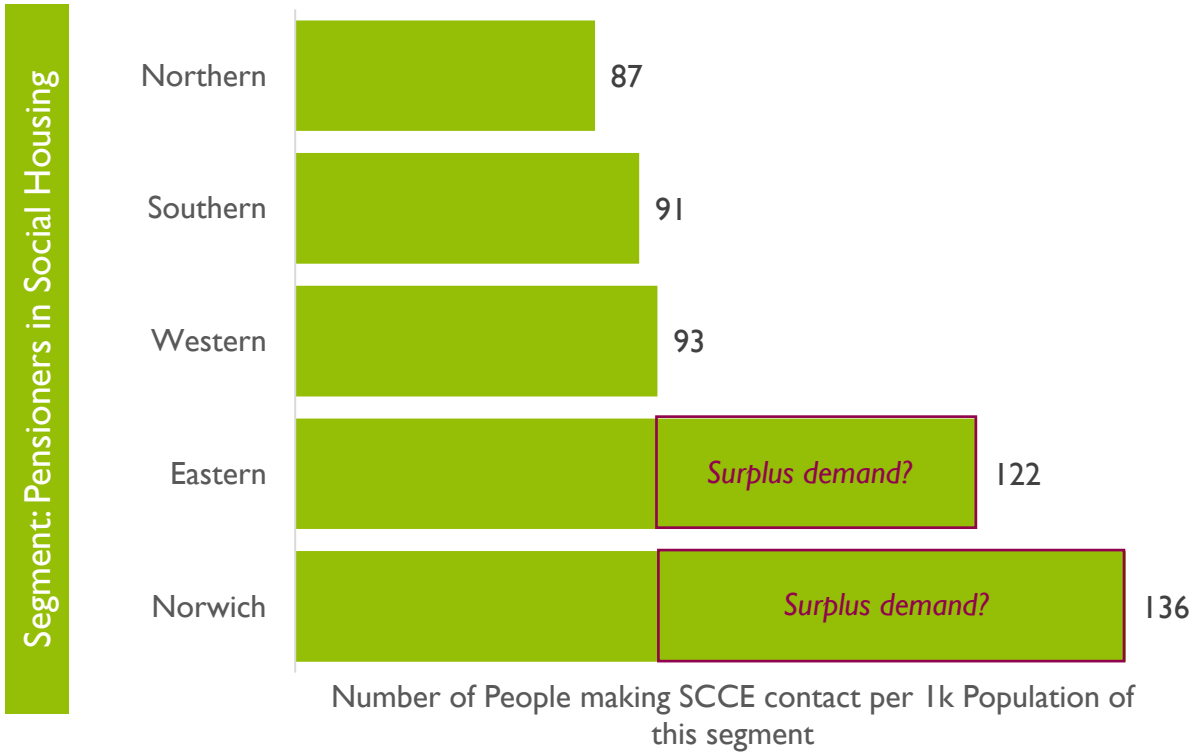
We should also seek to understand communities that drive lower than expected demand. For example, why do Owner occupiers in small towns and villages drive almost half the demand than Retired and empty nesters when they represent a similar age group and are less affluent?

Data source:

- Acorn segmentation by postcode
- LAS SCCE contacts FY19/20

Front Door Demand By Locality: Pensioners in Social Housing

Selecting a high demand segment, we might expect proportionate demand to be equal across localities given we are controlling for sociodemographic differences. However, the variance we see suggests place impacts likelihood of interacting with Adult Social Care.



What does this tell us?

- Where you live impacts your likelihood of interacting with ASC as we have controlled for sociodemographic differences by looking at one segment only
- This suggests there are opportunities for prevention. What is different about East Norfolk and Norwich which means that Pensioners in Social Housing that live there are much more likely to request support?
- We can undertake this exercise for our top segments, combined with deep dives into each region, to identify and share best practice across Norfolk

Data source:

- Acorn segmentation by postcode
- LAS SCCE contacts FY19/20

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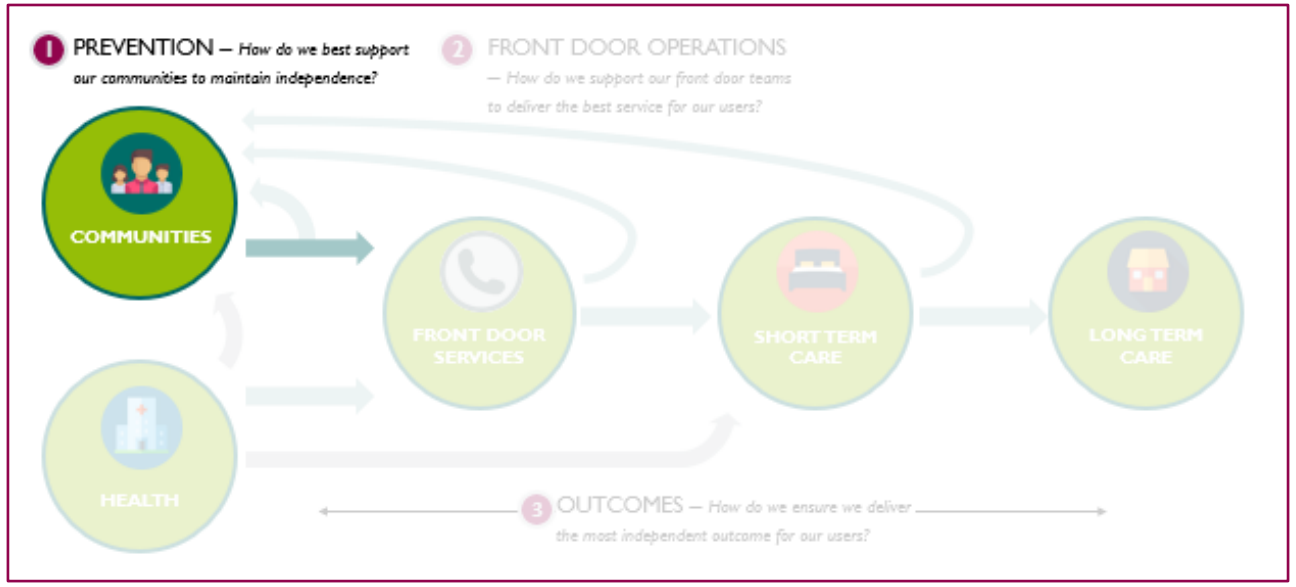
Front Door Prevention



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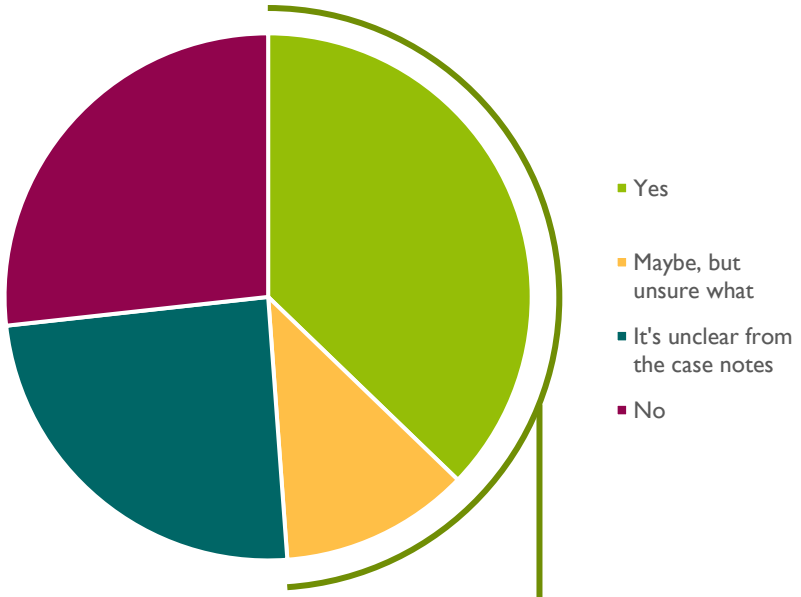
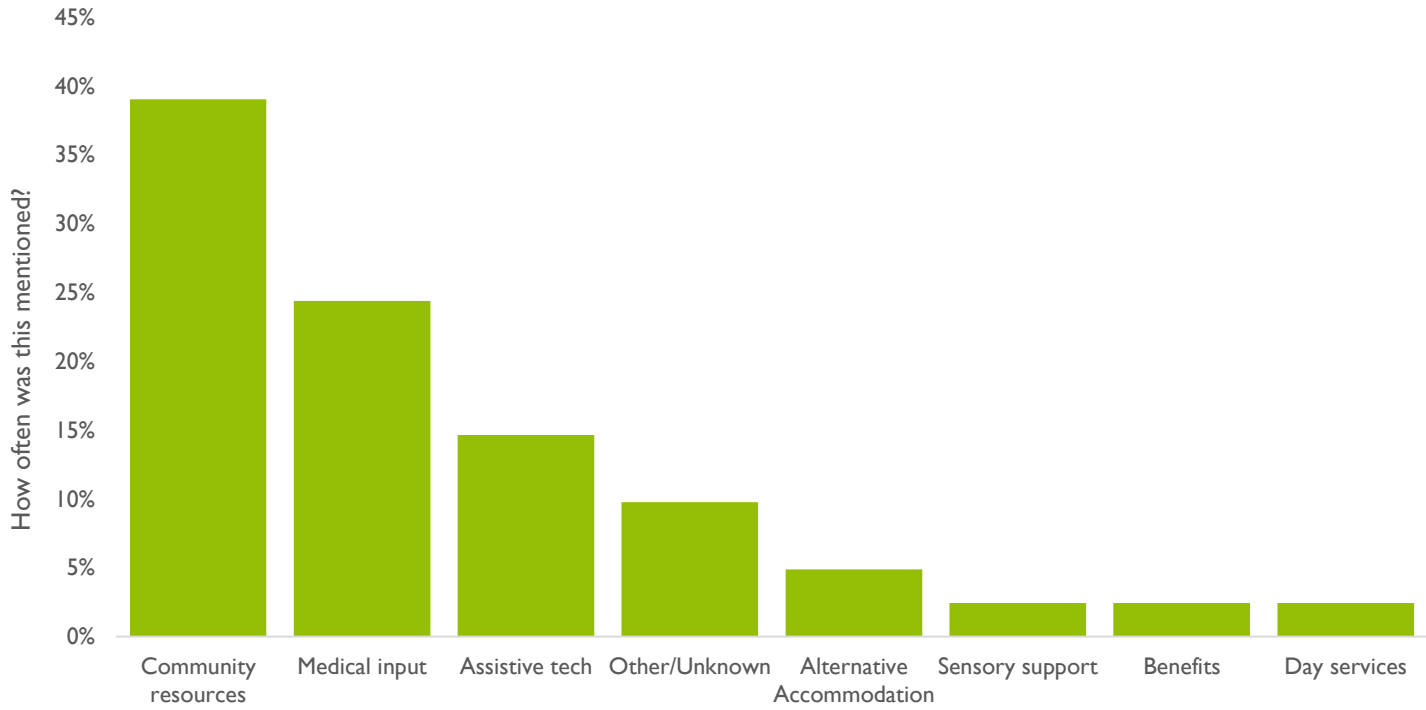
Preventing Front Door Demand

We reviewed 83 cases with practitioners from varied teams and found that there were opportunities to prevent, reduce or delay care requirements

Was there any opportunity to prevent, reduce or delay care requirements in the time preceding the individual arriving at the front door?





49% of cases could have had their increase in need prevented, reduced or delayed before presenting at the front door.

Data source:
- Case Reviews (83 cases)

Norfolk County Council

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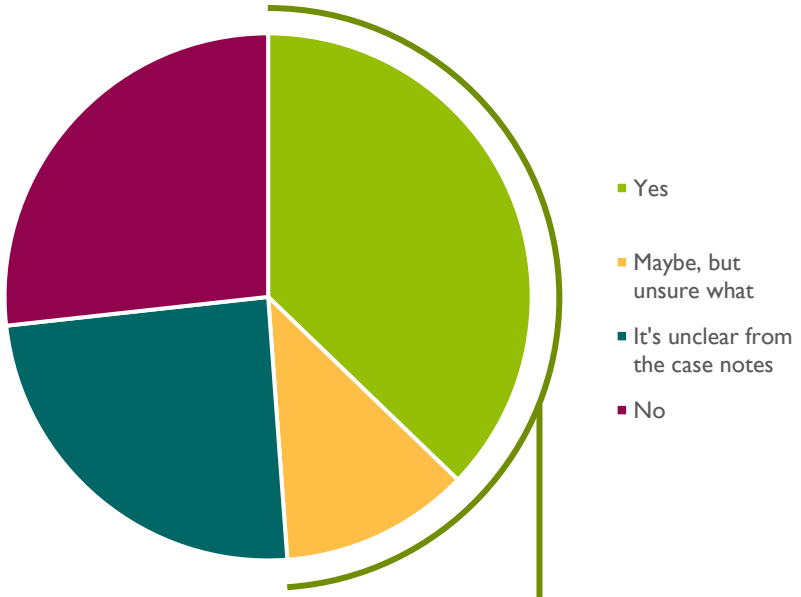

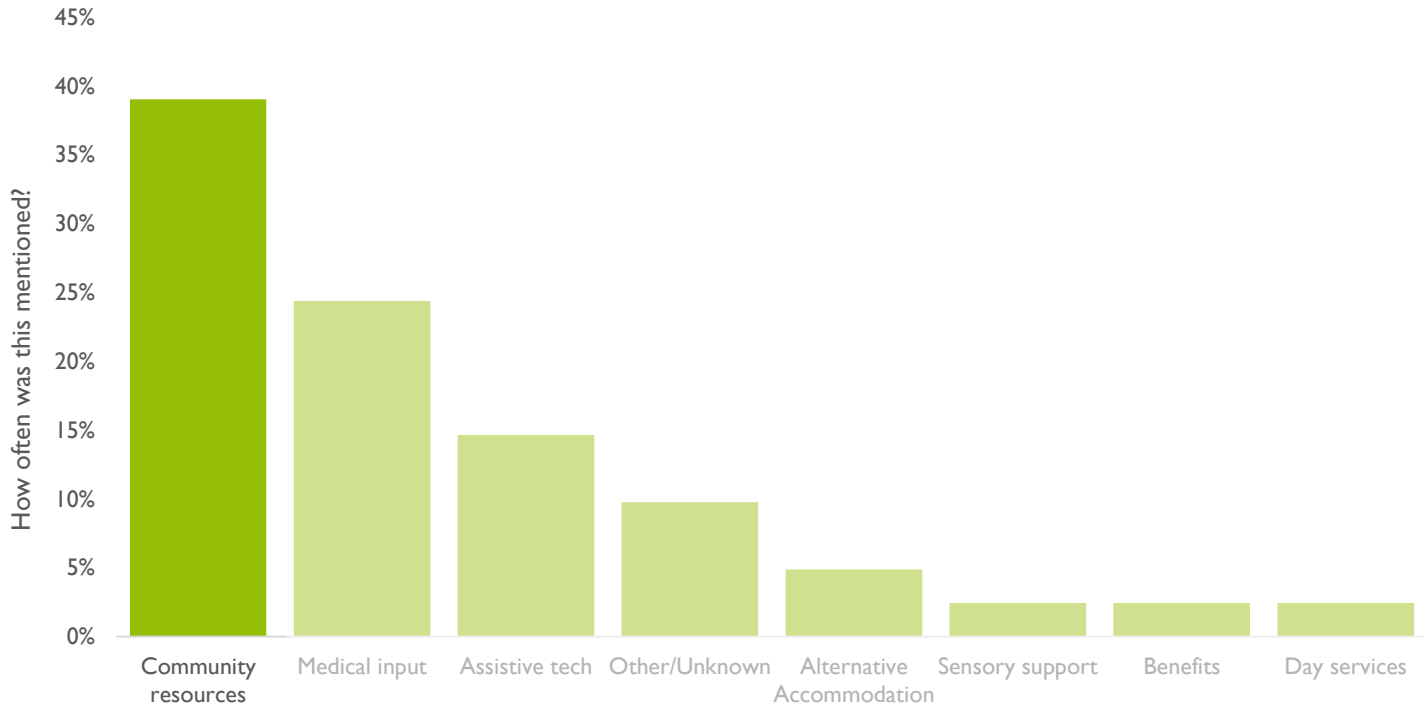

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Preventing Front Door Demand

To understand the opportunity around community resources in more detail, we asked experts why community resources weren't benefiting some communities. In their experience connecting communities to resources came out as the most common challenge.

Data source:

- 3x Focus groups with reps from integration, voluntary services, commissioning and community teams

Preventing Front Door Demand: Community Connection

The focus groups identified that awareness and accessibility of community resources was the most common reason why some services weren't benefiting communities.

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Preventing Front Door Demand: Community Connection

Through focus groups, we asked why we weren't always successfully connecting people to community. There were four key themes raised:

VCS Coordination

We are very resource rich, but coordination poor. There are so many really good initiatives, but they aren't joined up

We asked the senior management team how strongly they agreed that NCC had a coherent prevention strategy. The average score was just 2.5/5

Visibility

It's difficult to engage with some groups, but some providers are well plugged in, so it's about working alongside them

Raising awareness of community support in both the public and amongst professionals could circumnavigate the requirement for NCC involvement.

66% of GP contacts resulted in an NFA, information or signposting

Digital Inclusion

We assume that going online is quicker and easier, but it excludes significant swathes of the community

Digital is a powerful tool to connect with and engage people. However, 380,000 people in Norfolk don't have a smart phone.

Communicating via the right channels whilst also raising digital capability is essential

Transport

There's a big disparity in transport access. Unless you have the means, there's no accessing things, even if it's only half a mile down the road

Only 48% of Norfolk households can access GPs within 15mins by public transport or walking, compared to the mean UK value of 71%

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Preventing Front Door Demand: Available Capacity

The focus groups also identified that the capacity available was another common reason for why some services weren't benefiting communities.

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Jon's Story

Jon's situation
Jon is 86. He lives with his wife as her main carer after she fell ill with cancer. He enjoys going to church.

First contact with NCC
Jon calls SCCE asking for benefits and support for his wife. He is scared of leaving his wife alone, so no longer socialises with his friends. He is becoming more isolated and struggling to cope.

Jon's wife declines
Jon is finding his caring role more difficult as his wife's illness progresses and he asks for NCC to take on more caring duties.

Jon declines
Jon is now struggling with his own physical and mental health brought on by his caring role. He begins to suffer from anxiety and requests a package of care for himself.

Jon's wife dies
Jon's mental health declines further after his wife's death. His friends suspect he is developing Alzheimer's. His own package has steadily increased since.

Data source: LAS case notes

Jon is part of the Pensioners in Social Housing Segment

Based on segmentation, we already know a lot about the likely demographic, vulnerability and communication preferences of people before they become a service user

Pensioners in social housing, semis and terraces

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DEMOGRAPHICS

Single and couple retirees, living in 1 or 2 bedroom properties.

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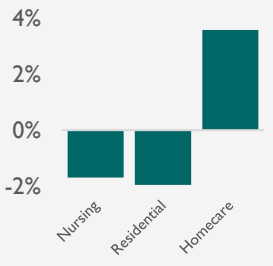
102 (Norfolk average: 21)	78 (Norfolk average: 77)	

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Jon is part of the Pensioners in Social Housing Segment

We could have already known that Jon was elderly, disproportionately likely to be a carer, and might have needed support with loneliness. Could we have helped sooner? Could we be using more of this information to target prevention strategies by segment and location

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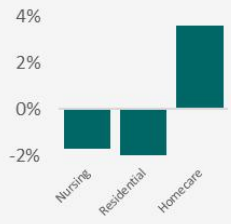
- More likely to receive homecare than most



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COMMUNICATION

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People in this segment are more likely to need support with…

- Social Isolation
- Money Management
- Jobseekers
- Mental Health
- Help at Home
- Carer Support
- Dementia
- Housing Support
- Keeping Safe
- Community Venues
- Support in older life
- Youth Groups
- Migrant Support
- Learning Difficulties

Knowing that Jon is more likely to be an informal carer and live alone, with a more proactive and targeted set-up, could we have prevented, reduced or delayed Jon's need for care?

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Community & Prevention Summary

Controlling for demographic differences, where a person lives heavily impacts their likelihood of interacting with the council. This suggests an opportunity for prevention, reducing variation and improving outcomes.

49%

Case reviews with front line staff showed **49% of cases could have had their increase in need prevented, reduced or delayed** before presenting at the front door.

39%

39% of preventable cases could have been more independent through the use of **community resources.**

We can make better use of community resources through a combination of **better connecting people to resources** and **improved available capacity** in the voluntary sector.

To connect people to the right community support at the right time, we need to understand them. **Effective use of segmentation and linking it to operations is the first step** in helping us understand the likely needs and engagement preferences per community and location.

The benefit of resilient communities lies not only in prevention, but **throughout the user pathway**. At each step we want to support individuals **returning to strong resilient communities** through the right resources and capacity across services.

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Prevention Design Questions

1. How do we best use the data and information available on our different communities e.g. segmentation, to personalise our prevention and support approach?

2. How do we ensure we have the right community service provision (type, capacity & accessibility) in each location, tailored to the specific requirements of that group of people?

3. How do we empower the community so that everyone's (individuals/professionals etc.) default is to utilise the community offering/services rather than present at the front door?

4. Communities often know better than anyone else what's best for them, so how do we create the right data-driven processes/engagement/governance/support to enable them to share and action their ideas?

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Front Door Operations

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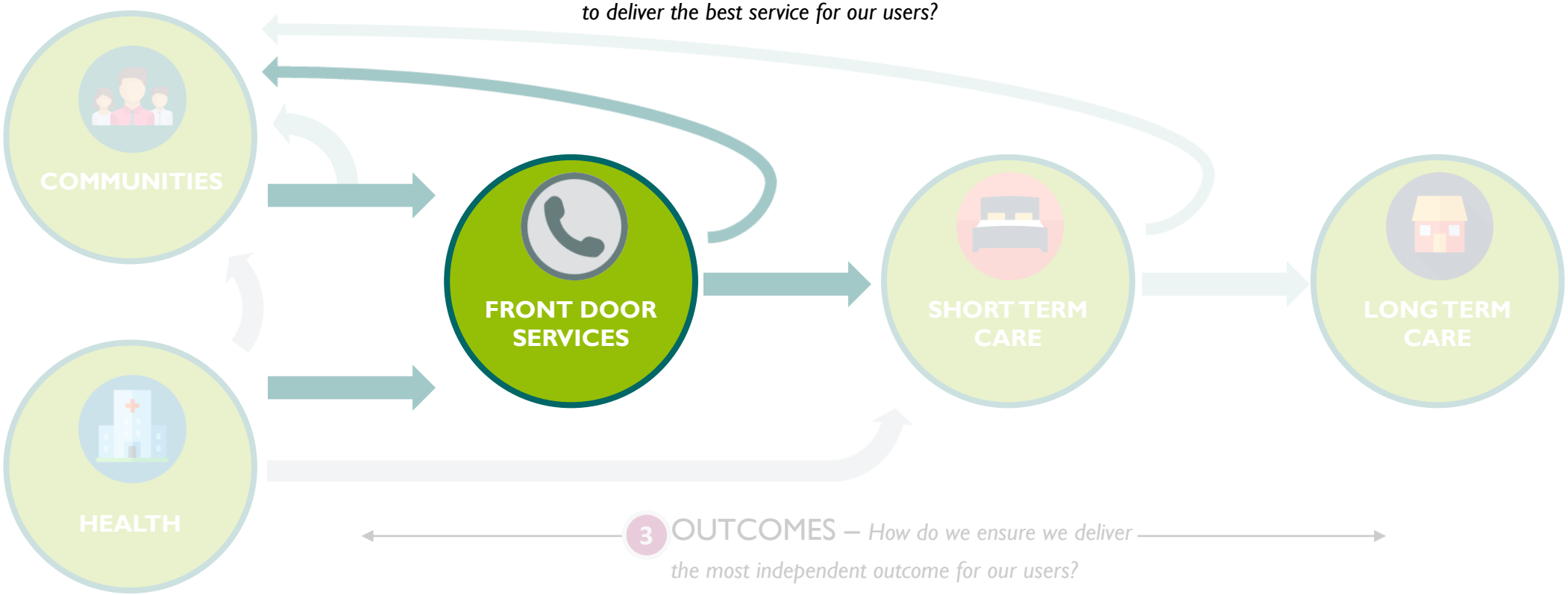
2 FRONT DOOR OPERATIONS – *How do we support our front door teams to deliver the best service for our users?*



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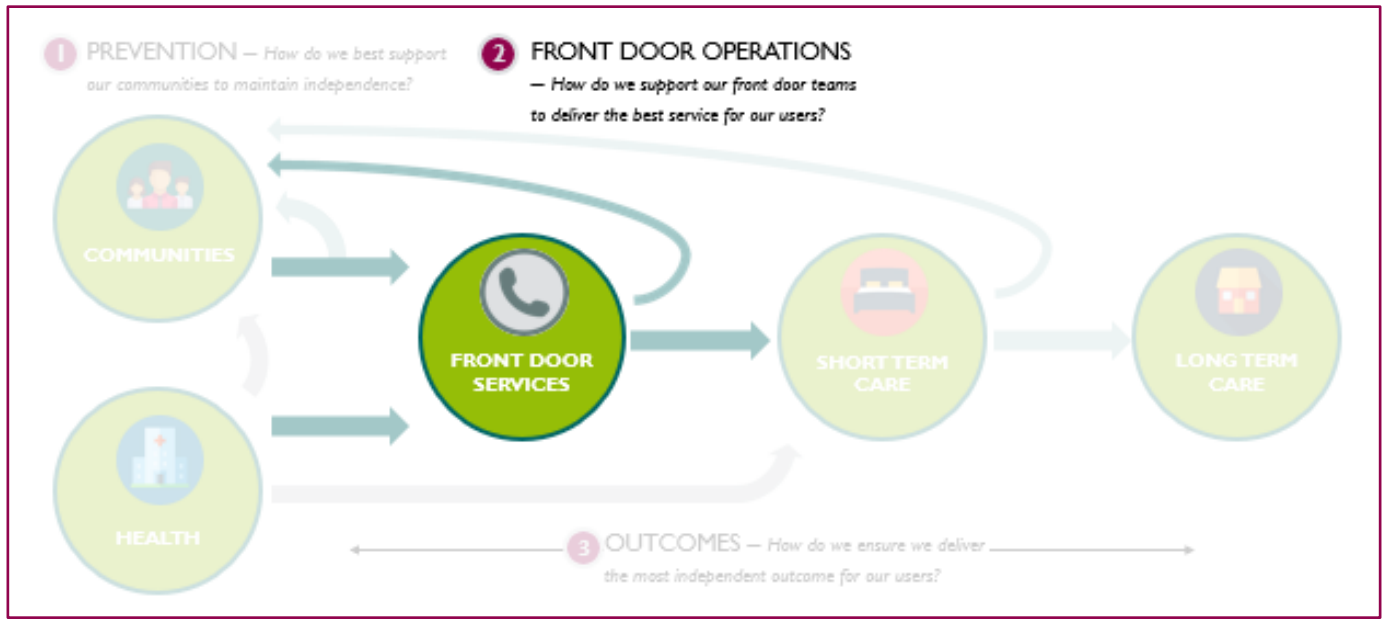
4 READINESS FOR CHANGE - *How well set up are we to deliver lasting change?*

Front Door Operations



Our study of front door operations, has focused on the following areas:

1. Understanding the demand on SCCE and how we might optimise routes into the service.
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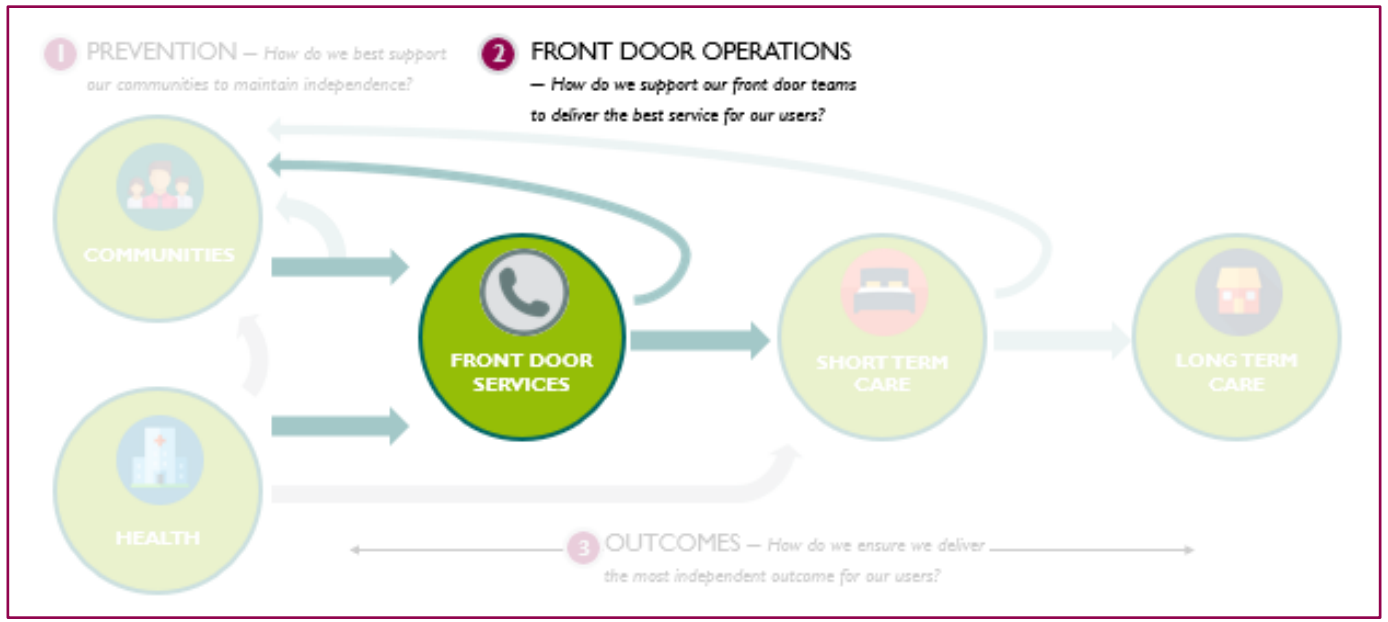
3. Analysing how SCCE impacts service users' outcomes.

Norfolk County Council

Front Door Demand



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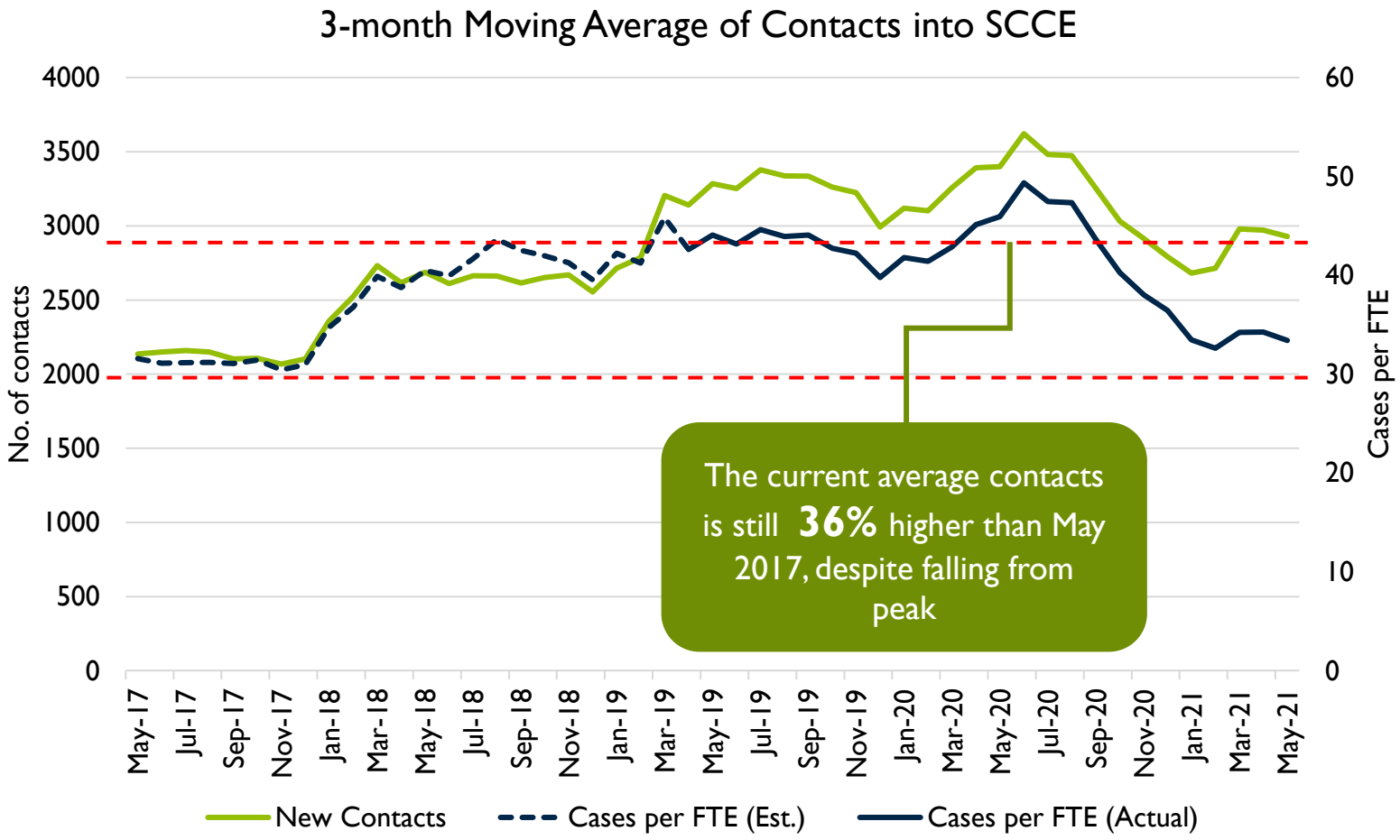
Norfolk County Council

The volumes and pressures at our front door are very high

Case numbers have fluctuated over the past 2 years and challenges are being faced by front door teams



Current Challenges

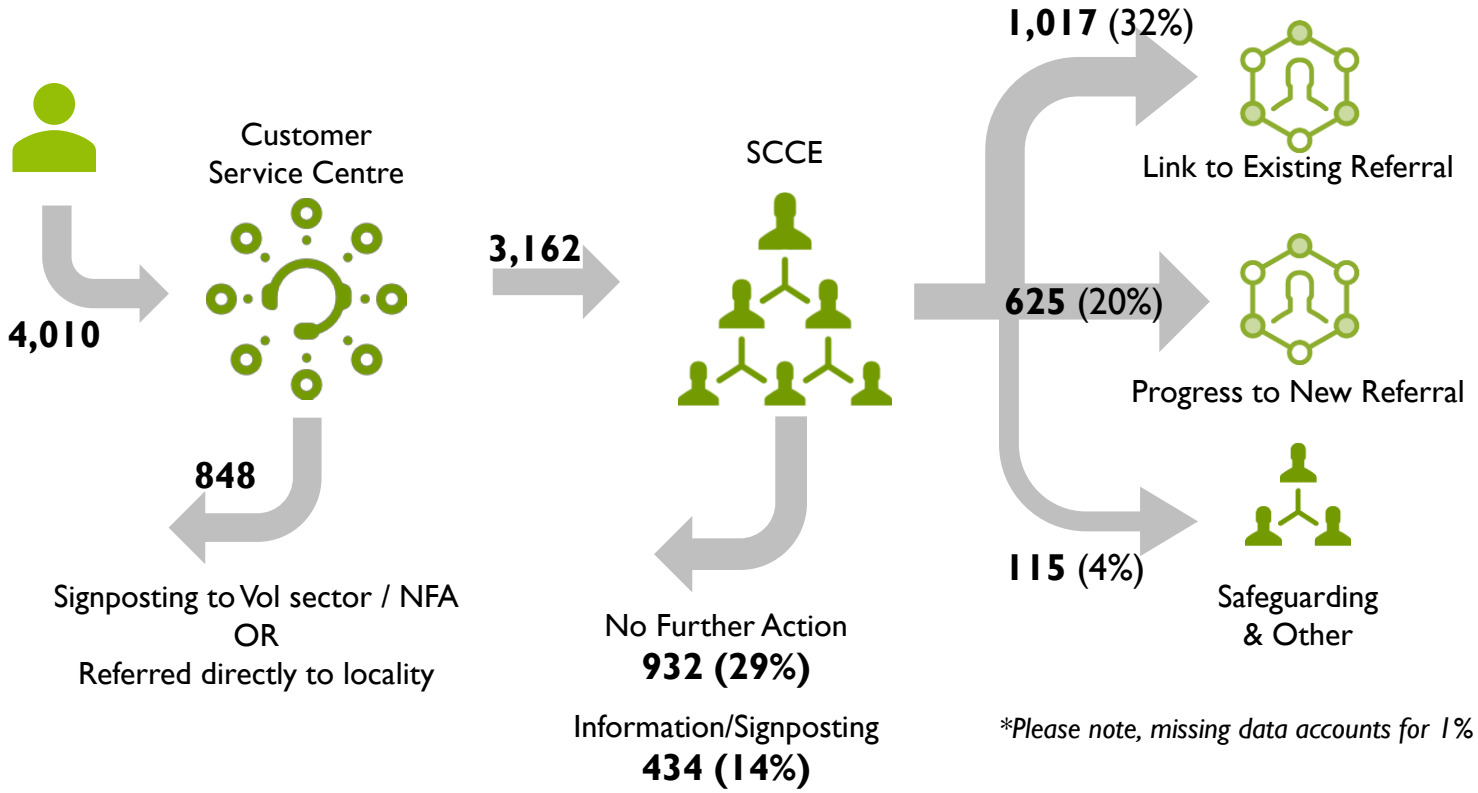
SCCE feel that demand is unprecedented and difficult to manage;

1. SCCE has been operating at an overstretched matched capacity for the last two years, 36% higher than in May 2017.
2. SCCE operate emergency lines only when demand is too high. So when demand builds up, lines are closed and it is artificially lowered.
3. Demand has increased in recent months, beyond the limits of this data set.

Data sources:
- LAS Contacts data (original dataset shared by BI Team)
- HR Workforce data (shared by David Nugent)

Front Door Pathway

The Customer Service Centre is the main source of cases into SCCE. SCCE resolves nearly half of new contacts every month to prevent, reduce and delay their need for formal care and support. The remainder are referred on to a locality or specialist team



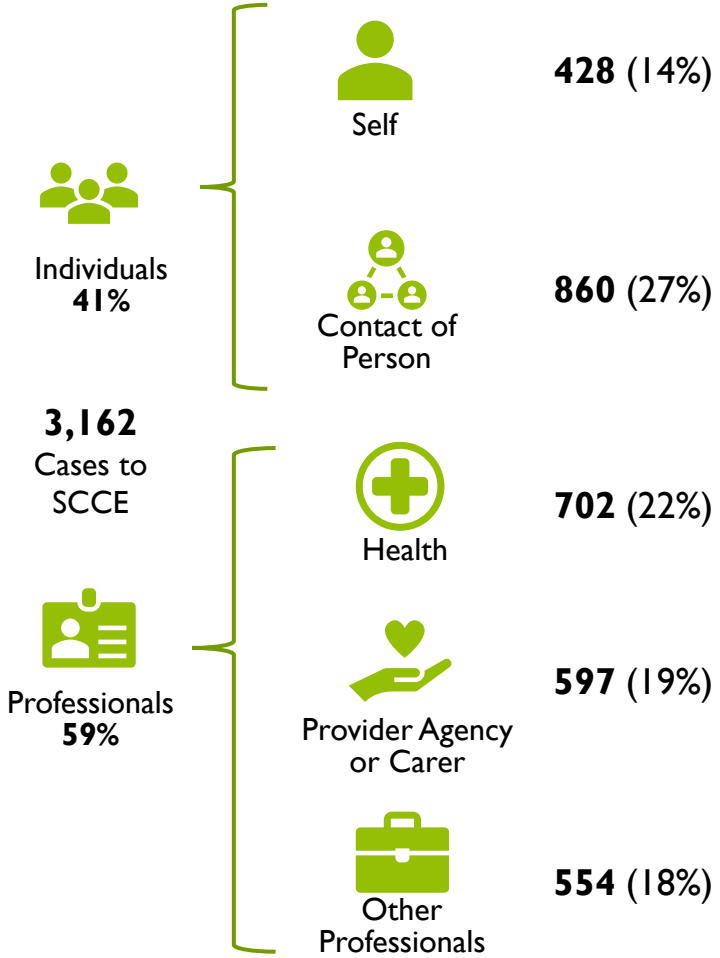
*Please note, missing data accounts for 1%

Data sources:
- LAS Contacts data (original dataset shared by BI Team)

Notes:
- All SCCE data is a monthly average of April 2020 – March 2021
- For CSC data, monthly average ranges vary by channel according to data availability

Who Contacts Us?

Understanding the sources of demand on our Front Door helps us to optimise our processes and target inappropriate contacts



11% of non-professional contacts are for individuals discharged from hospital within the last 7 days. These individuals' experience may be improved by more joined up care and support.

*Extrapolated from analysis of 102 contacts notes

6 in 10 people contacting SCCE are health or other professionals. Currently all contacts flow through the same point of entry and process which is not optimised for healthcare & other professionals.

"Our current system really doesn't make it very easy for professionals to self-serve."

- Member of Senior Managers Steering Group

Data sources:
- LAS Contacts data (original dataset shared by BI Team)
- **Monthly Average** of April 2020 – March 2021

**Please note, unknown sources accounts for 1%*

Norfolk County Council

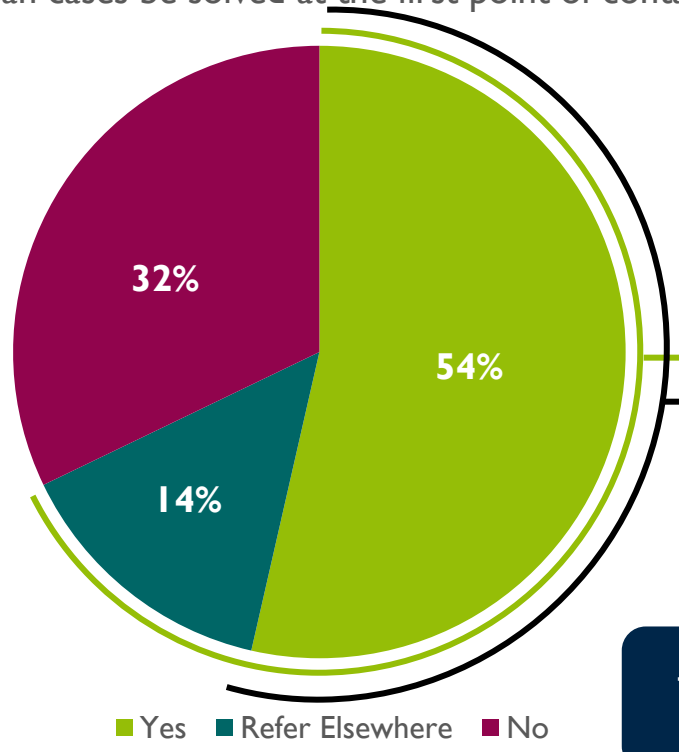
A quarter of SCCE cases could be resolved at first contact

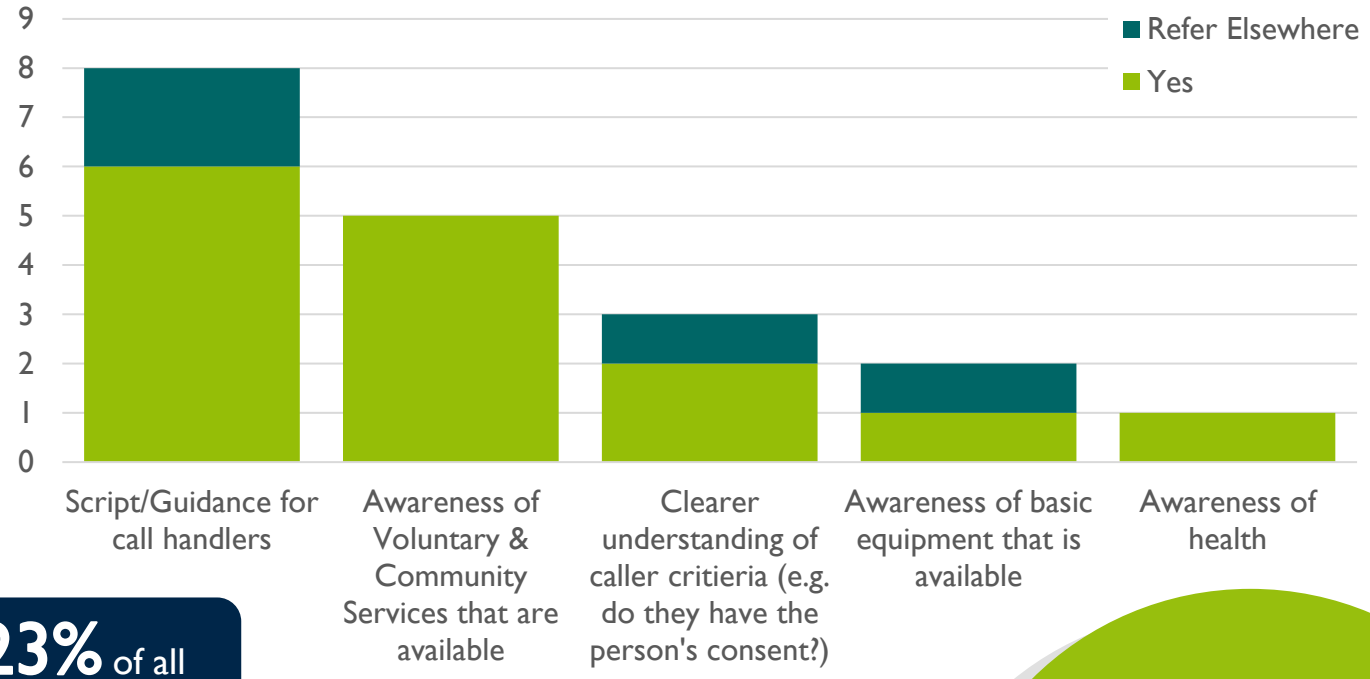
Focus groups of CSC and SCCE team members reviewed 28 cases that **had been resolved by SCCE** with no further action or signposting to community services

68% of these cases could be resolved by the CSC or referred elsewhere.

Enhancing the capability and guidance at first contact and better awareness of voluntary services would allow us to resolve **three quarters** of these.

Can cases be solved at the first point of contact?



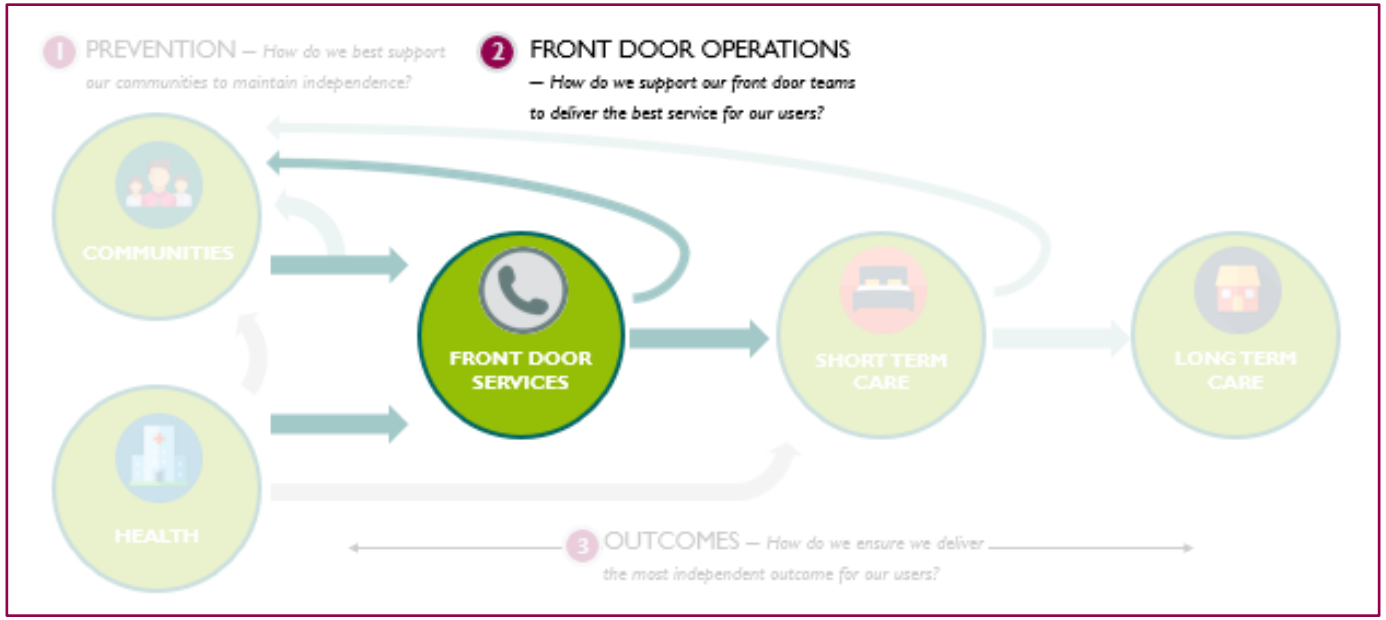


This represents **23%** of all cases referred to SCCE

Data source:
- Focus Group (CSC & SCCE) reviewing a sample of 28 case resolved by SCCE

Norfolk County Council

Front Door Processes



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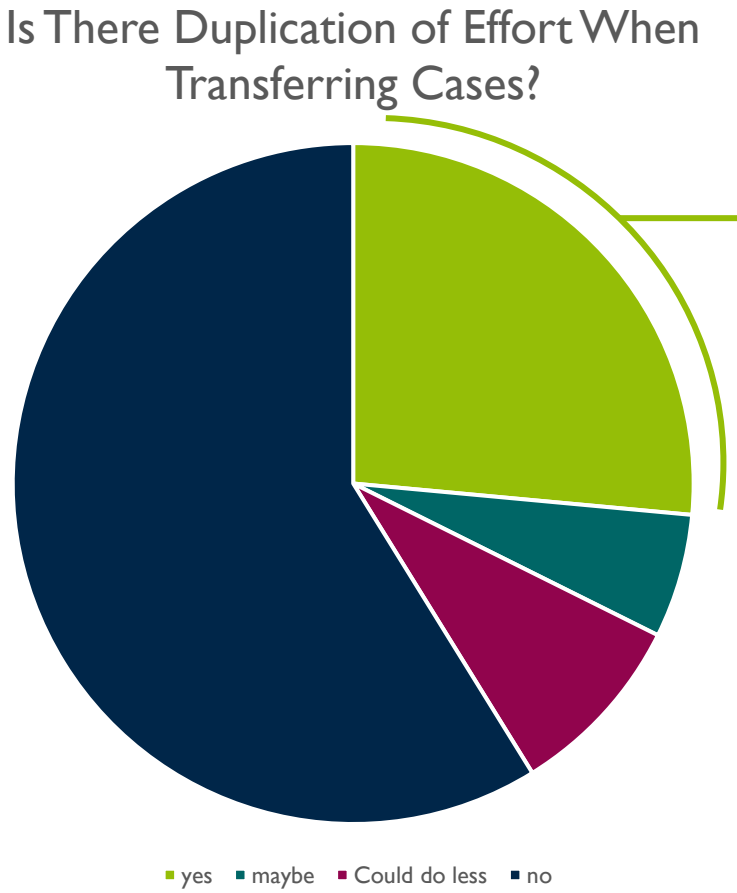
Duplicative Process Steps

We took a sample of 34 cases which were transferred out of SCCE for referral/assessment and in focus groups analysed the steps taken before handover and whether these would be repeated



41% of cases which were transferred outside of SCCE had some form of duplication

Sample of 20 cases which were transferred outside of SCCE

2.2 hours

The average estimate of practitioner time spent doing repeated process steps.

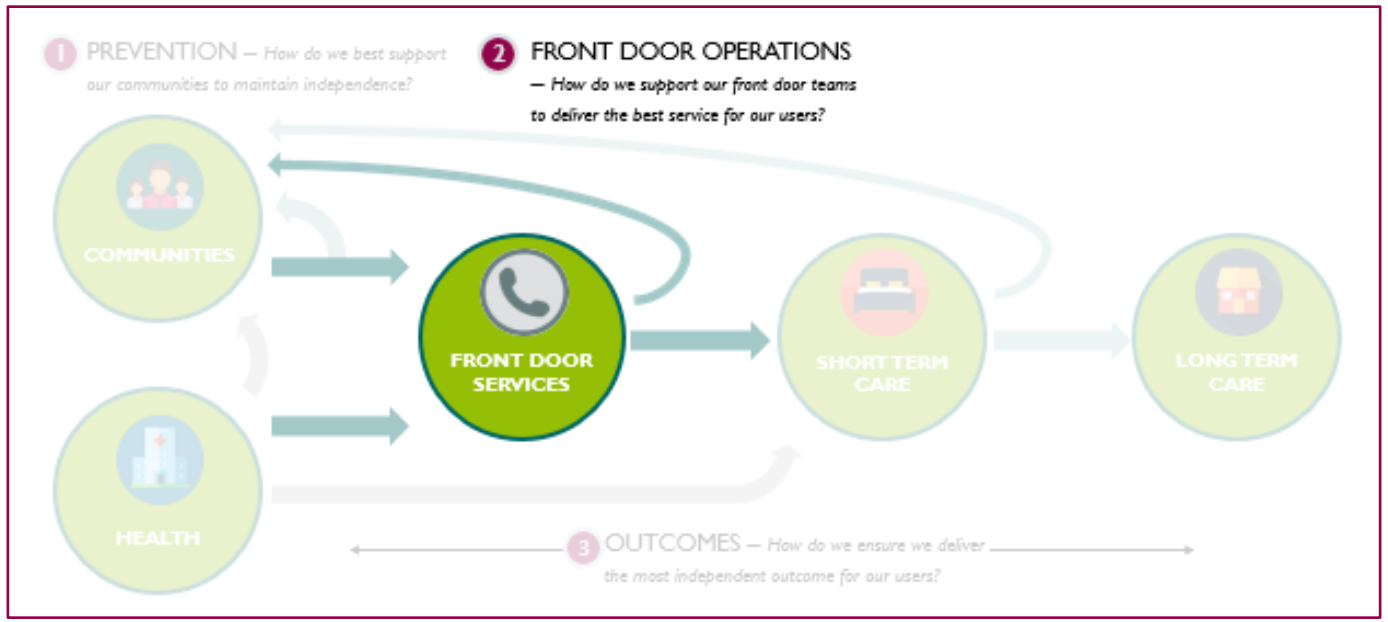
How could we have avoided this duplication?

- Better Communication Between Departments
- Earlier Handover Decision Point
- More Specific Questions
- Establish Person Circumstances

Data source:
- Focus Group reviewing a sample of 34 cases transferred out of SCCE for referral/assessment

Norfolk County Council

Front Door Outcomes



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Front Door Operations Summary

The volumes and pressures at our Front Door are very high. Despite multiple line closures this year, average **new contacts each month are still 36% higher than May 2017.**

37%

Closing the Care & Assessment line is not ideal for customer experience and **only reduces cases into SCCE by 37%.**

6 in 10 people contacting SCCE are professionals, and our Front Door pathway is not optimised for them.

¼

Our focus groups suggest that we can **reduce the current volume of cases referred into SCCE by a quarter** by resolving them at the first point of contact.

58%

58% of cases that are resolved at the SCCE (IAG, NFA or signposting) **return within 8 weeks**, with individuals who've been referred to another agency returning 29% faster than people who just have IAG.

By benchmarking team members we see that ways of working improvements could improve average **time spent on each case by 9%**. We can also save time by removing duplicative steps in the transfer process.

14k

By resolving eligible calls at the first point of contact, improving ways of working and removing duplication, we can **improve capacity by 36.4% to support 13.8k additional people.**

Norfolk County Council

Front Door Design Questions

1. What is the purpose of the Adult Social Care Front Door?

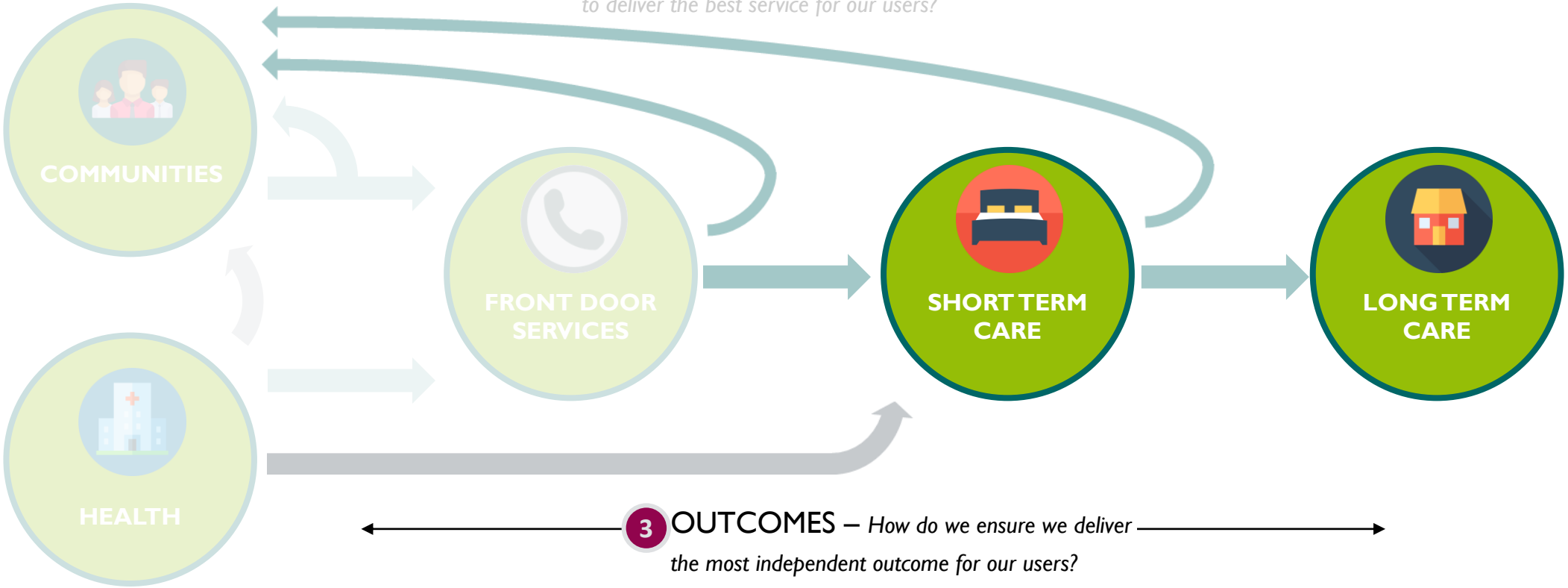
2. How do we better align our Front Door strategy, including managing demand, with our overall outcomes and independence strategy?

3. How do we practically make this work?
   a) Optimised use of channels for contacts & referrals
   b) Improved connections to, and knowledge of, community services
   c) Remodel the overall ways of working across the service
   d) Efficient processes set up to make it easy and time effective for staff and customers
   e) Performance measures in place to know how well we're performing
   f) Demand and capacity modelling to define the required team size across the service
   g) Interactions between the Front Door and wider Adult Social Care

Outcomes

1 PREVENTION – *How do we best support our communities to maintain independence?*

2 FRONT DOOR OPERATIONS – *How do we support our front door teams to deliver the best service for our users?*

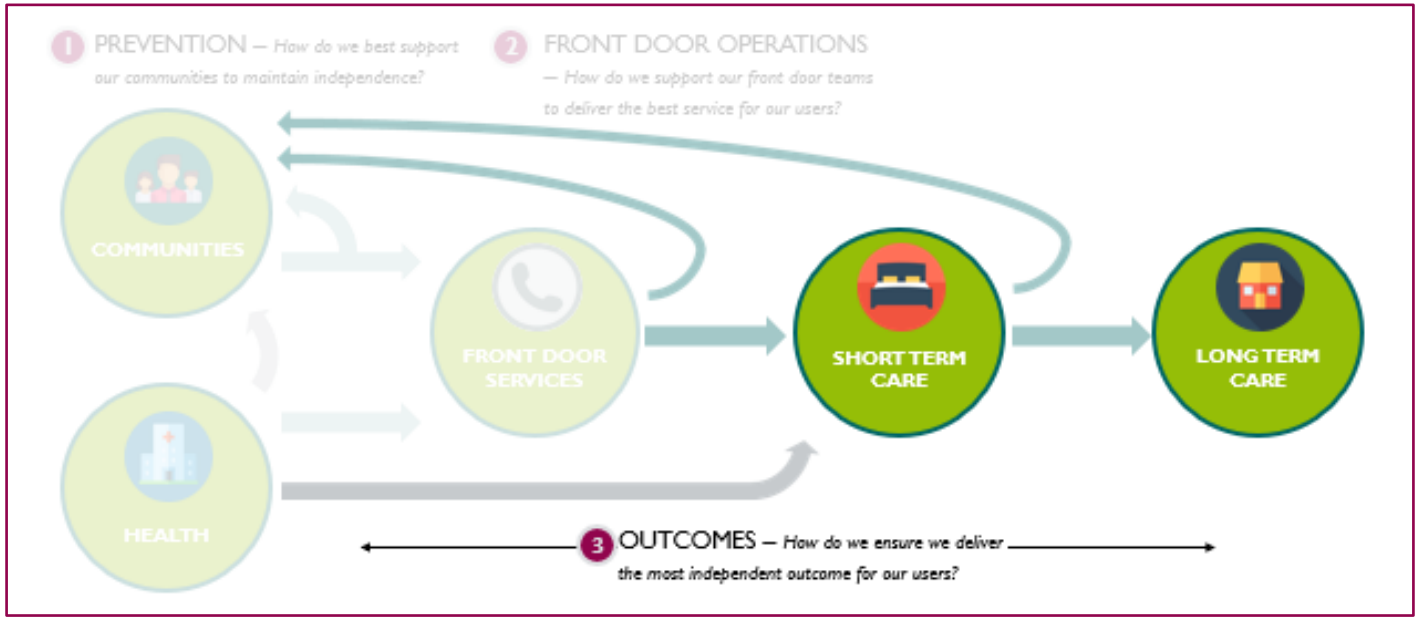


3 OUTCOMES – *How do we ensure we deliver the most independent outcome for our users?*

READINESS FOR CHANGE + EXISTING CHANGE INITIATIVES

4 READINESS FOR CHANGE - *How well set up are we to deliver lasting change?*

Outcomes



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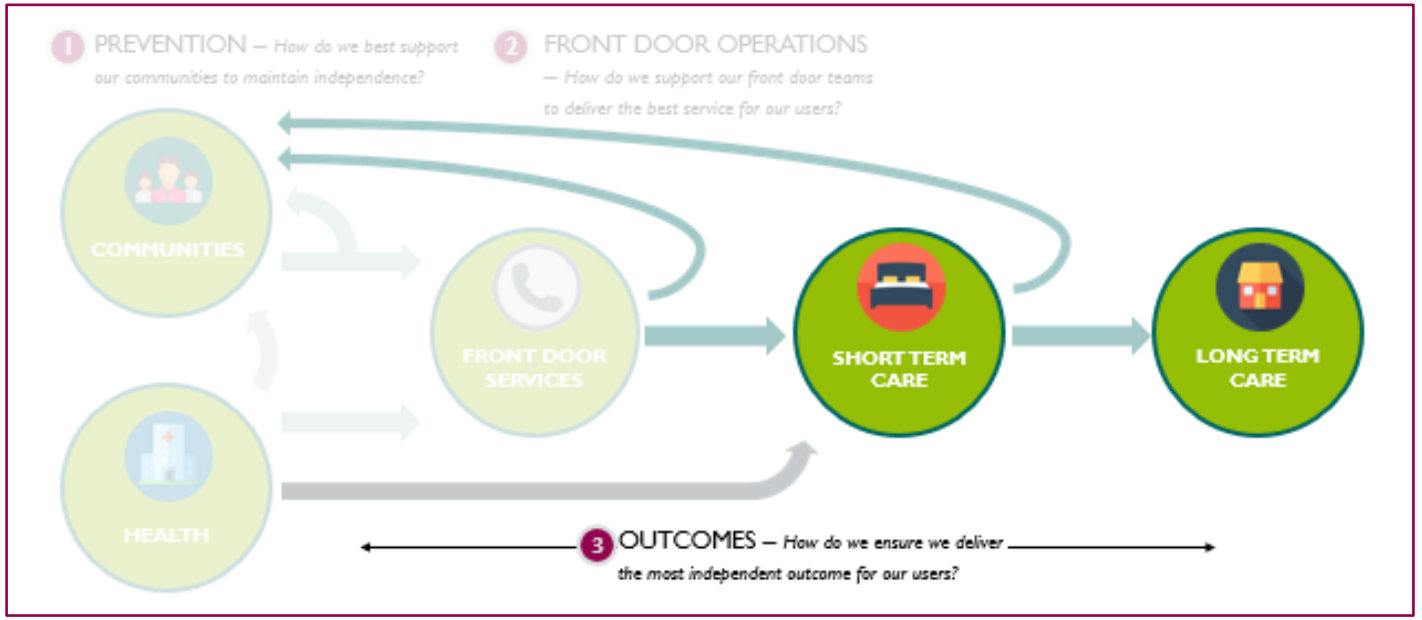
1. Understanding how often we support our service users to achieve the ideal outcome for them.
2. The impact of decision-making pressures on achieving ideal outcomes.
3. The impact of service constraints on achieving ideal outcomes.

Norfolk County Council

Outcomes



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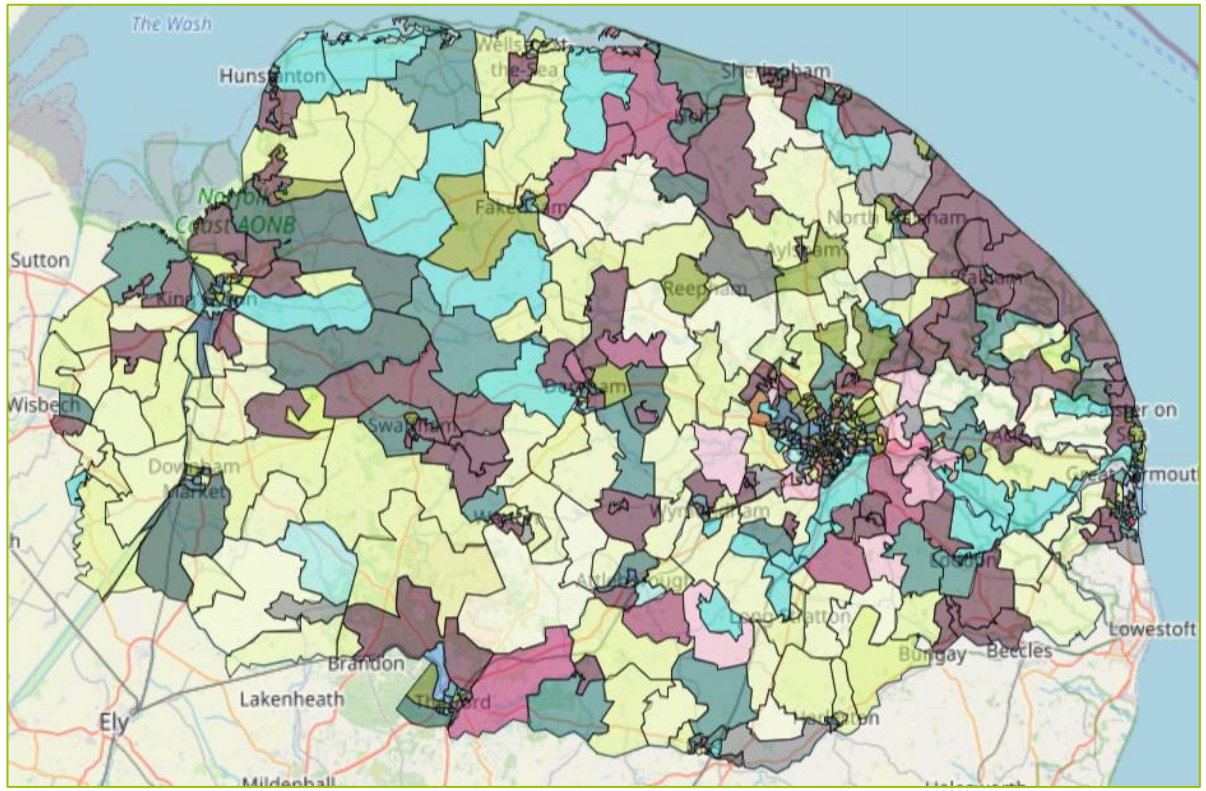
Norfolk County Council

Norfolk Segmentation (Recap)

Norfolk can be segmented into up to 59 different types of person and community based on demographics, social factors and behaviour. We know a lot about existing service users but it's important to build an understanding of other residents too



Category	Group		Type
1. Affluent Achievers	A	Lavish Lifestyles	1-3
	B	Executive Wealth	4-9
	C	Mature Money	10-13
2. Rising Prosperity	D	City Sophisticates	14-17
	E	Career Climbers	18-20
3. Comfortable Communities	F	Countryside Communities	21-23
	G	Successful Suburbs	24-26
	H	Steady Neighbourhoods	27-29
	I	Comfortable Seniors	30-31
	J	Starting Out	32-33
4. Financially Stretched	K	Student Life	34-36
	L	Modest Means	37-40
	M	Striving Families	41-44
	N	Poorer Pensioners	45-48
5. Urban Adversity	O	Young Hardship	49-51
	P	Struggling Estates	52-56
	Q	Difficult Circumstances	57-59

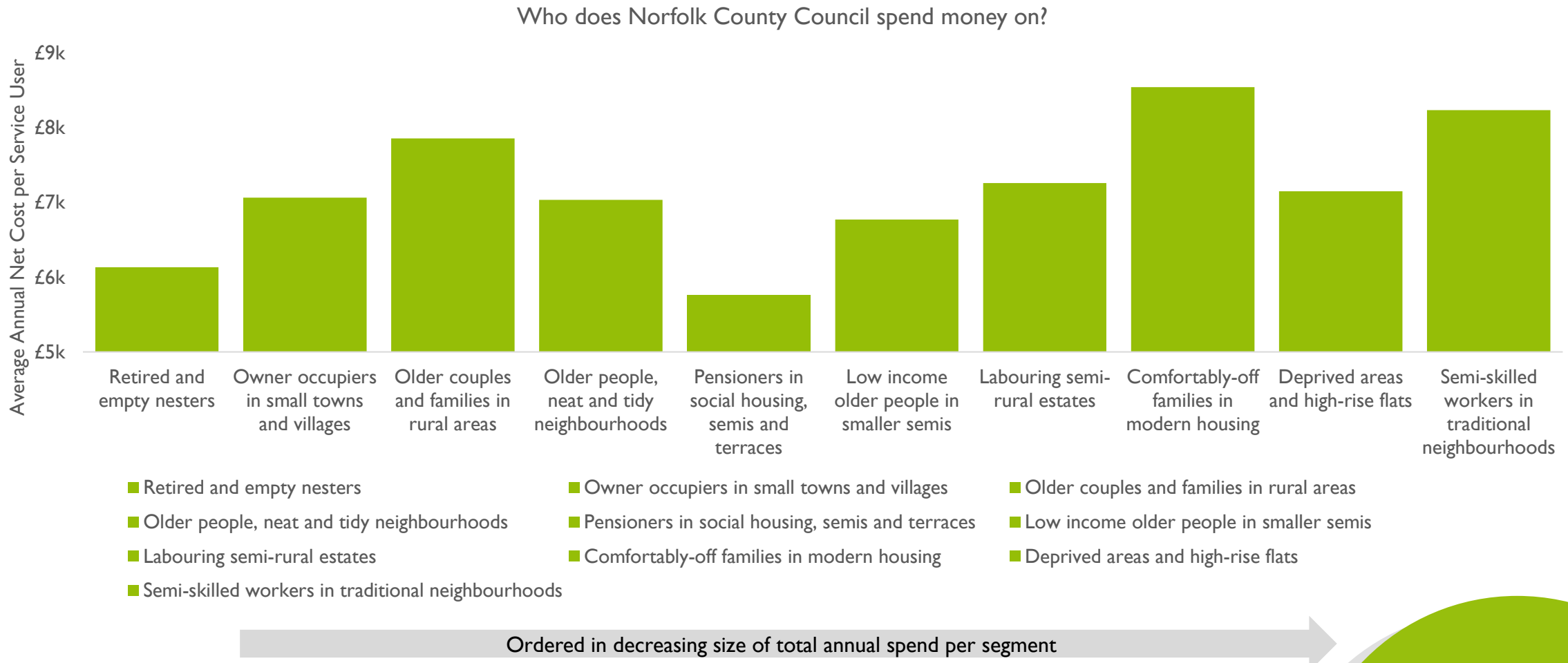
Example Segment: Countryside Communities

Older people with leisure interests reflecting rural locations. These are areas of the lowest population densities in the country, ranging from remote farming areas to smaller villages and housing on the outskirts of smaller towns

Norfolk County Council

Top 10 Spend Segments: Outcomes

Across the top 10 segments with the most associated social care spend, we see variation in outcomes and therefore spend per service user.

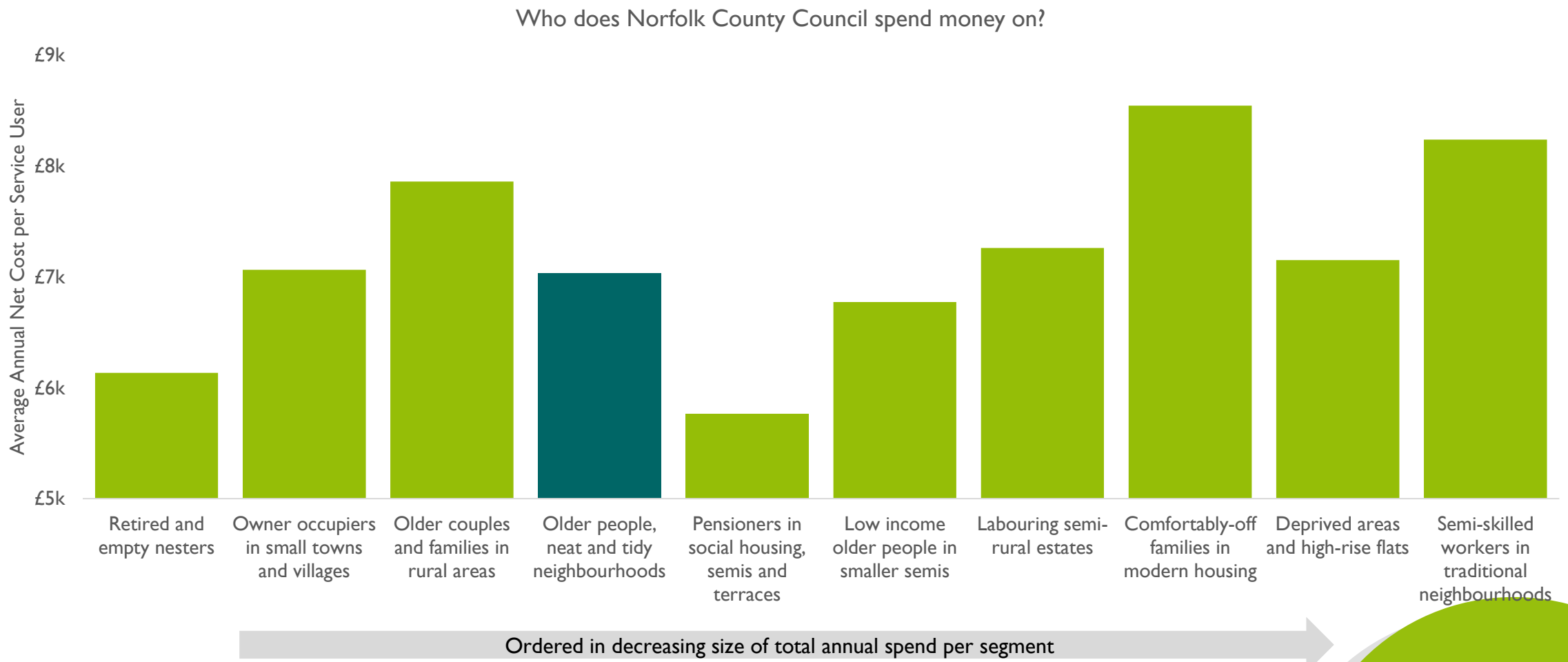


Data sources:

- LAS net spend on services excluding block contracts and LD , financial year 19/20

Top 10 Segments: Outcomes

Within each segment we looked to understand whether there was further variation by locality.



Data sources:

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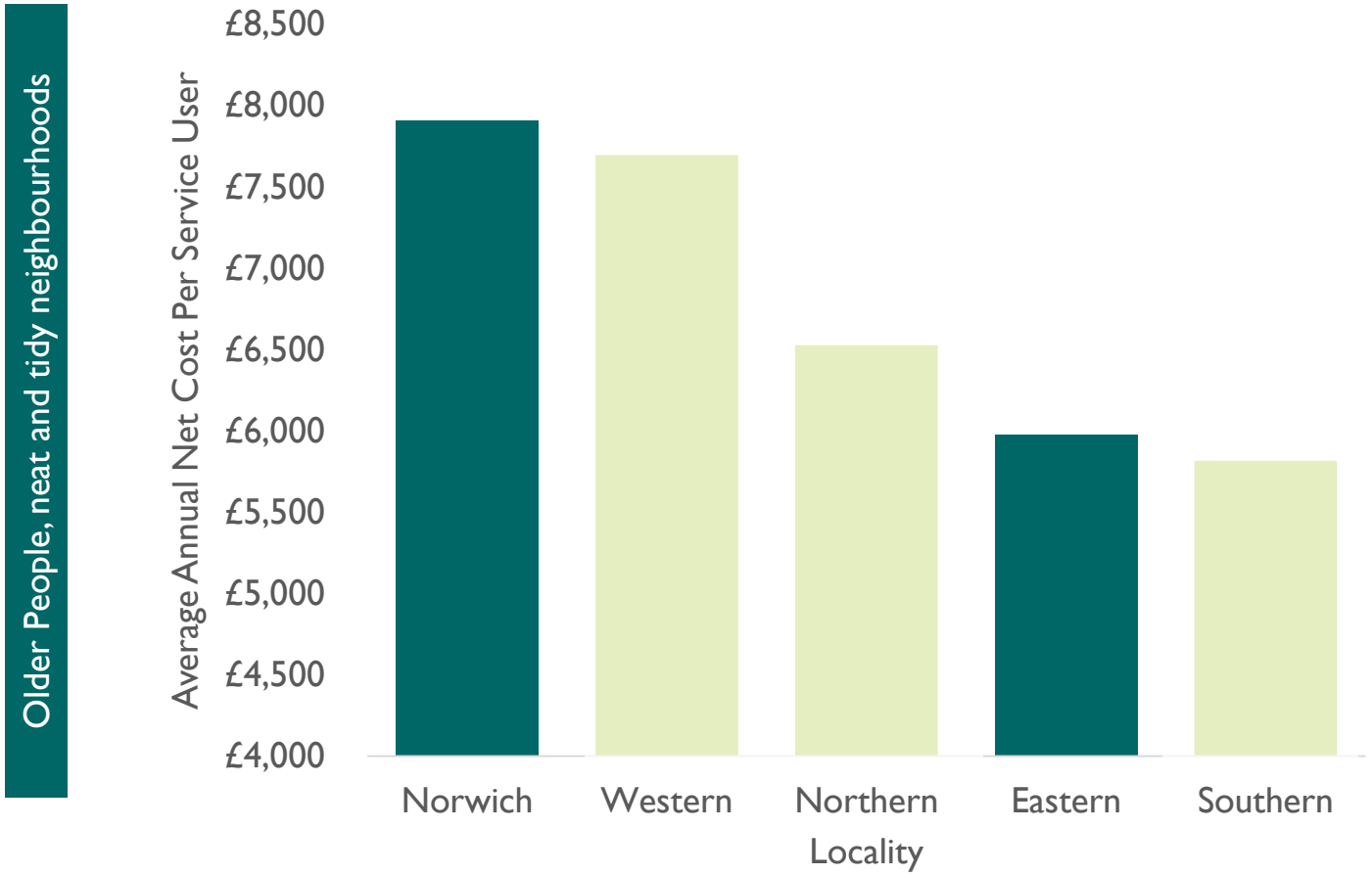
Variation by Locality: Older People, Neat and Tidy Neighbourhoods

When we look at one segment in further detail we still see significant variation by locality in cost per service user. To understand the primary driver of that cost, we compared two localities - Norwich and Eastern

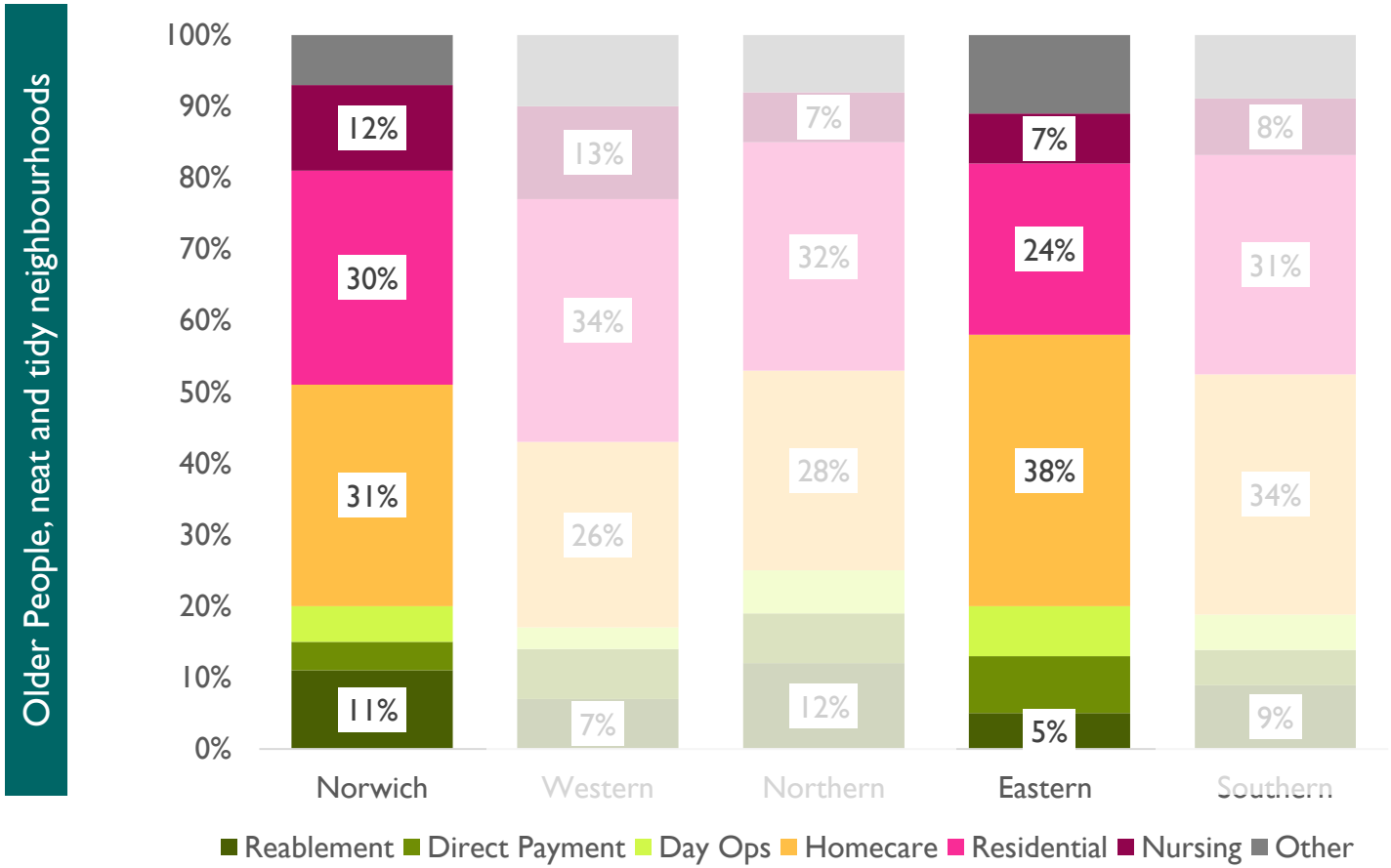


Both localities have similar proportions of their segment engaged with the adult social care system, but costs in Norwich are **~32% higher per person.**

Data sources:
- LAS net spend on services excluding block contracts and LD , financial year 19/20

Variation by Locality: Older People, Neat and Tidy Neighbourhoods

Looking at the breakdown of outcomes for each region, we can see that the difference in cost is driven by a higher proportion of users in Residential Care in Norwich



42% of outcomes in Norwich are residential or nursing compared to 31% in Eastern.

We looked to understand the drivers of this difference

Data sources:

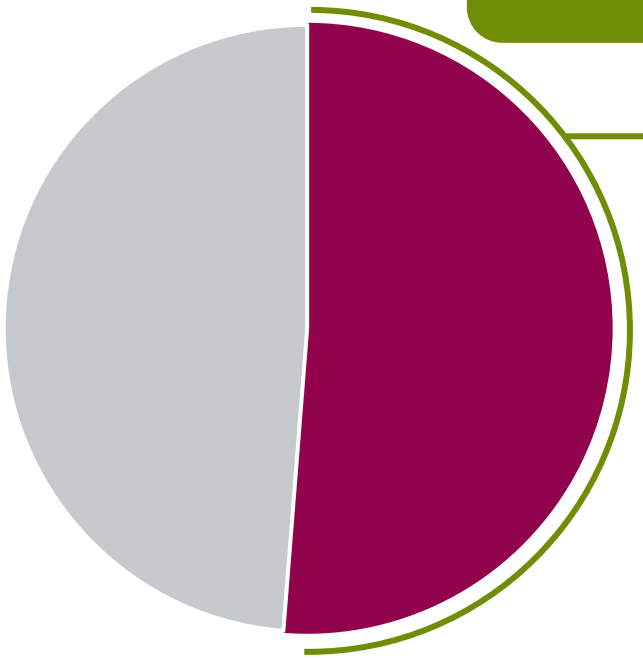
- LAS net spend on services excluding block contracts and LD , financial year 19/20

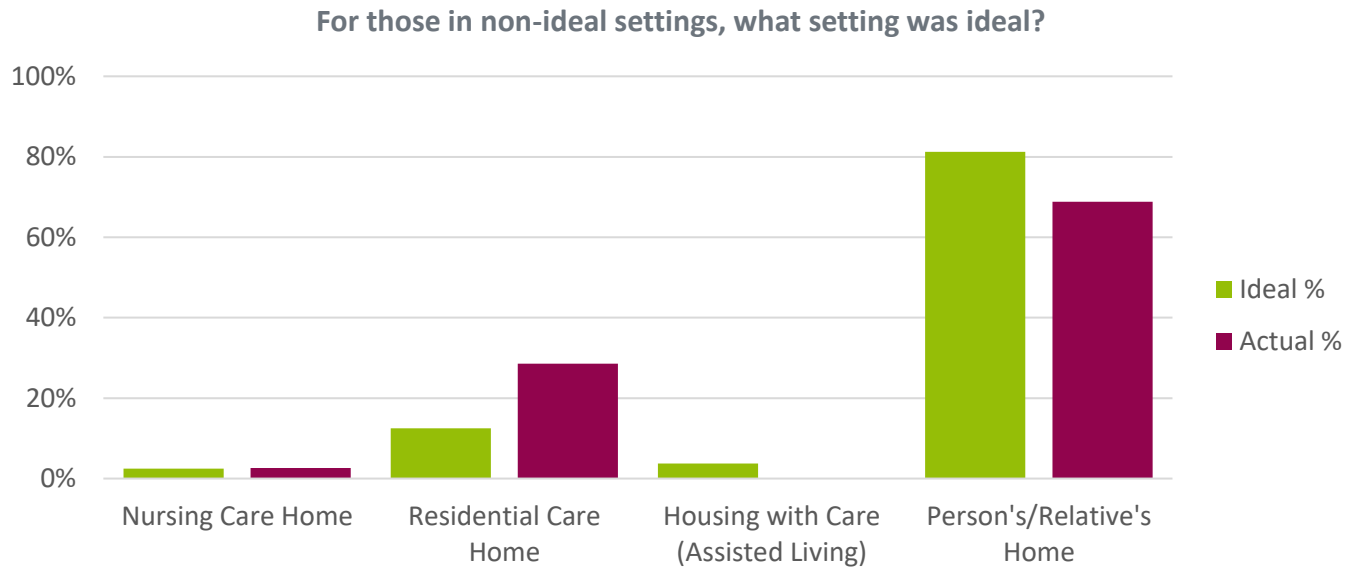
Ideal and Non-Ideal Outcomes

We reviewed 83 cases with practitioners from varied teams and asked, "Did this individual achieve an ideal outcome?"

51% of outcomes were not the ideal outcome

7 in 10
of these cases could have been in a more independent care setting





Data source:
- Case Reviews (83 cases)

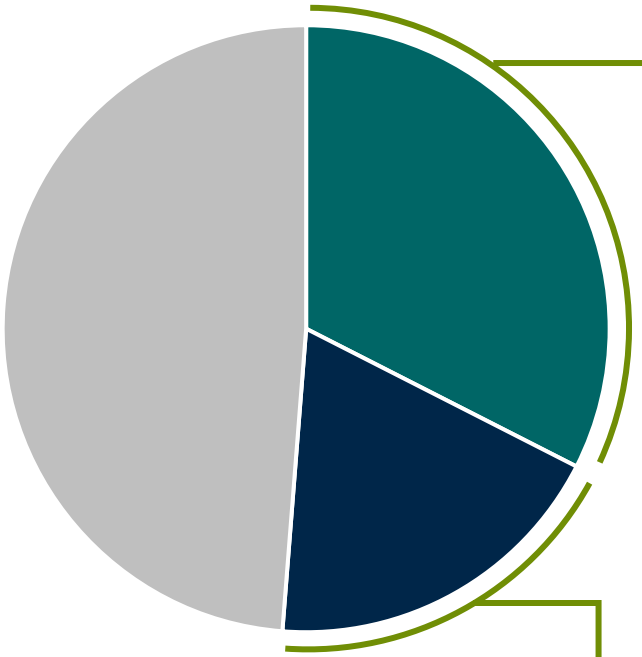
Norfolk County Council

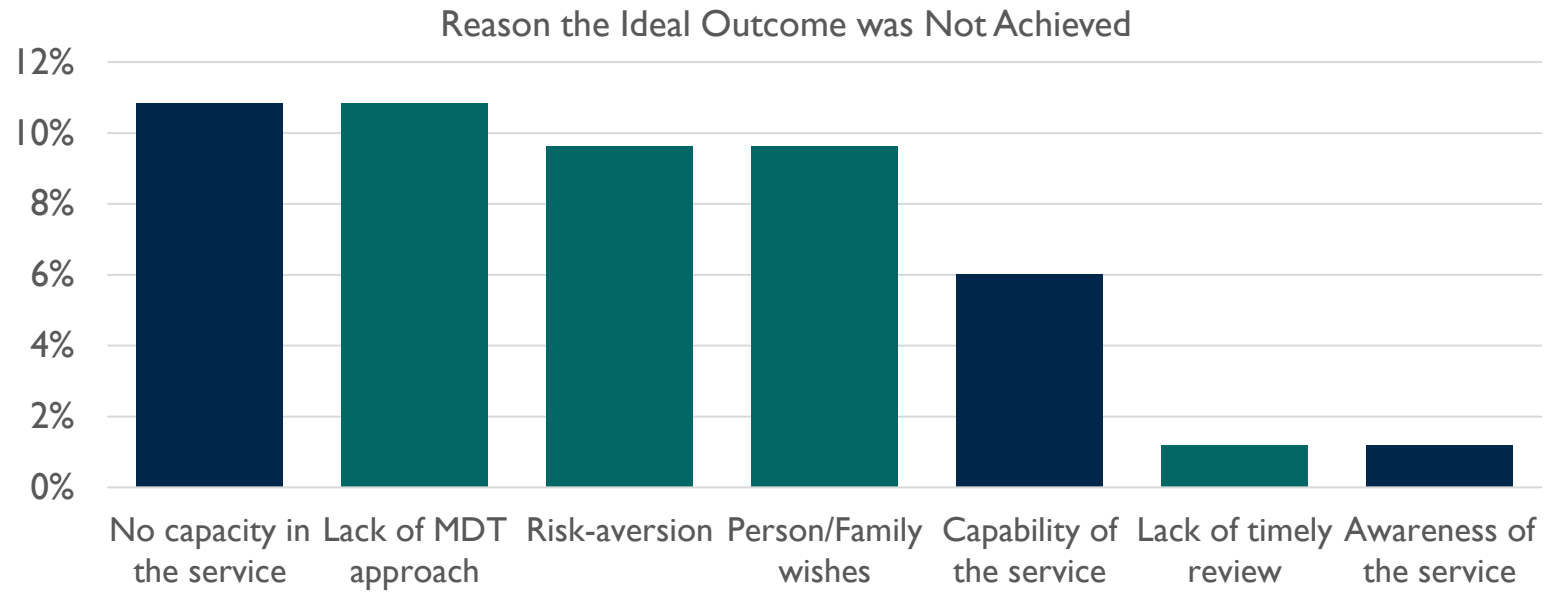
Achieving the Ideal Outcomes

On review there are several factors that could cause a non-ideal outcome

32% of outcomes non-ideal due to pressures on **Decision Making**

This includes person wishes, risk aversion, lack of an MDT approach and lack of resident information





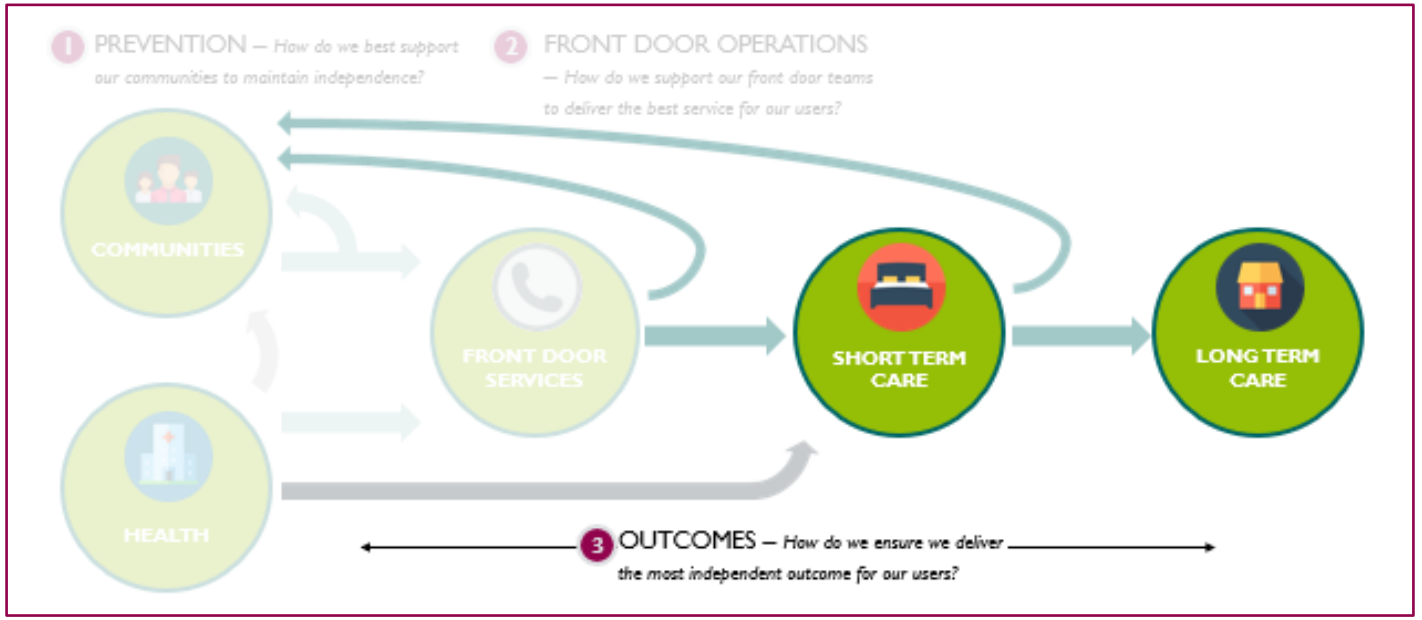
19% of outcomes were non-ideal due to **Service Constraints**

This includes lack of capacity , utilisation, and capability of our services

Data source:
- Case Reviews (83 cases)

Norfolk County Council

Decision-Making



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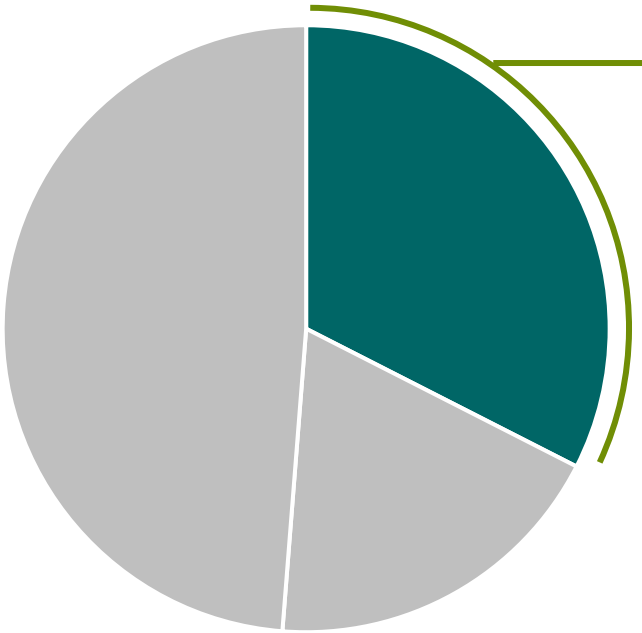
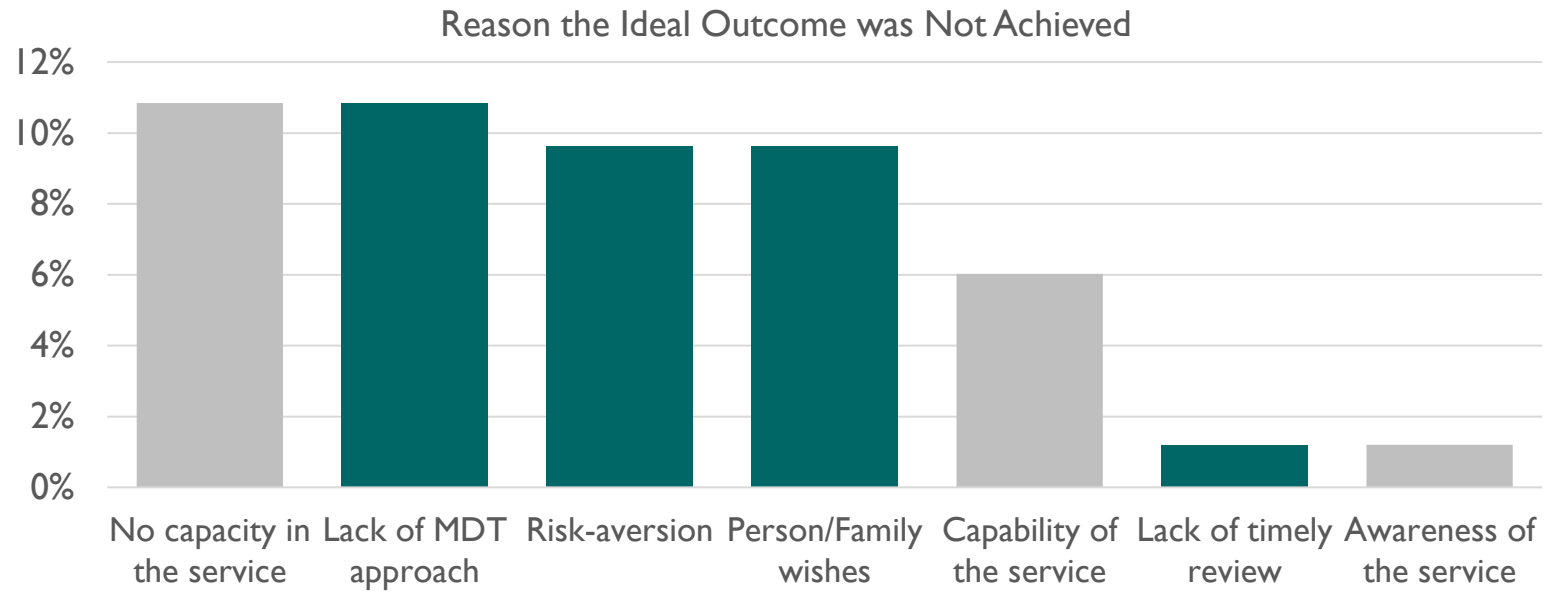




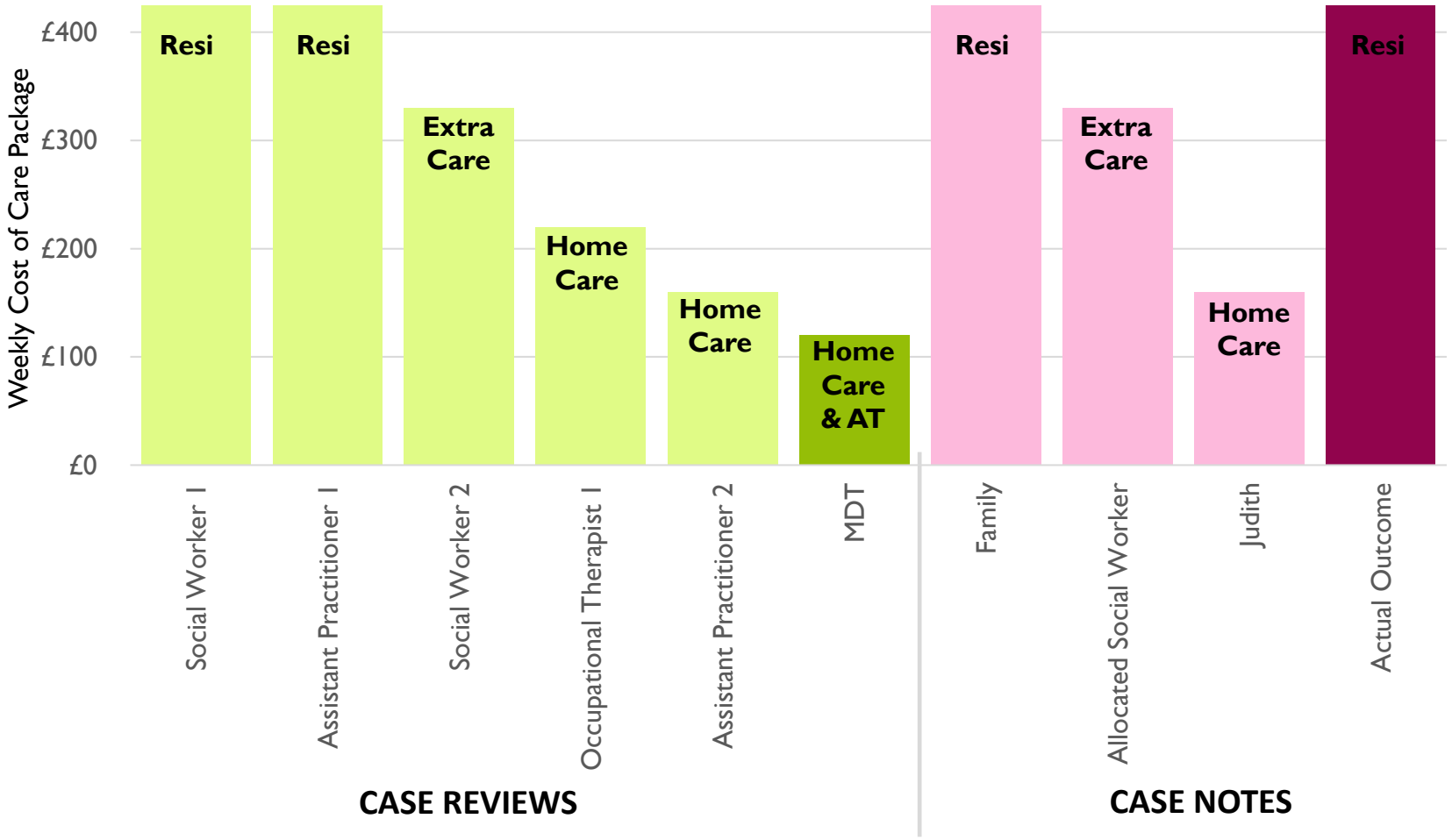
Data source:
- Case Reviews (83 cases)

Norfolk County Council

Decision Making: Variation Case Study

We asked practitioners to review Judith's case separately and compared the conclusions to those reached by an MDT

"What Package of Care Would You Recommend for Judith?"



Case Study Exercise

Individual — Individual practitioners reviewed Joan's case and determined an ideal outcome.

MDT — Judith's case was discussed in an MDT and the group decided on an ideal outcome.

Judith's Actual Case

Prof. opinion at the time — Judith's case notes were reviewed to determine the recommendations from the professionals at the time.

Judith — Judith's case notes were reviewed to determine the recommendations from the professionals at the time.

Actual Outcome — The actual outcome for Judith.

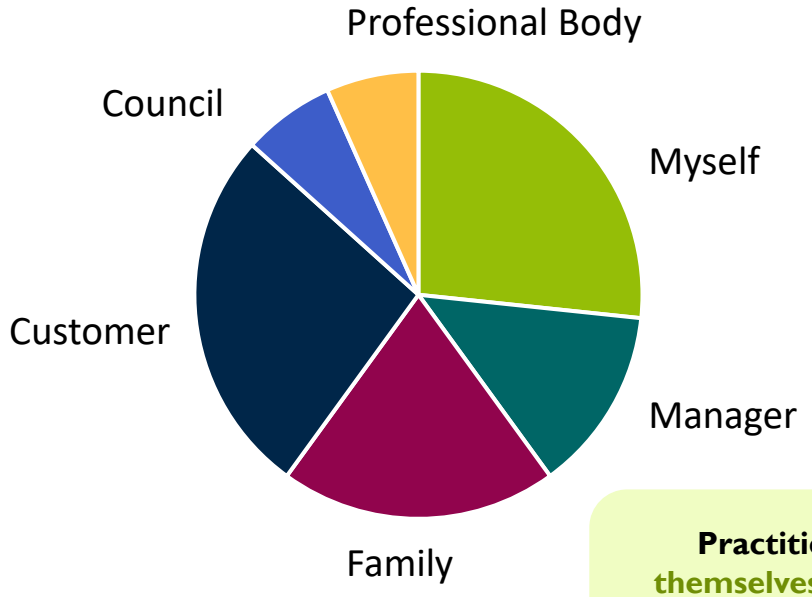
Data source:
- Additional case review

Decision Making Factors: Accountability

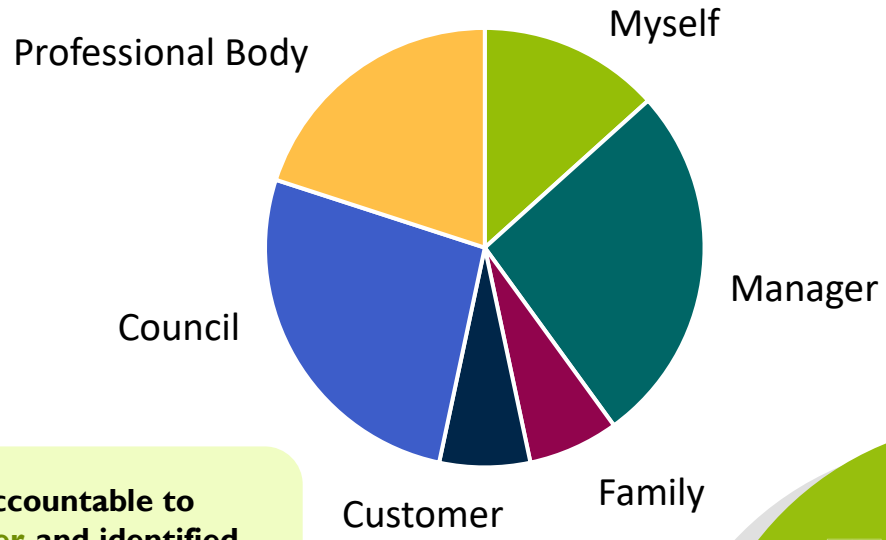
We conducted focus groups with practitioners from locality teams to unpack the impact of accountability.

We asked several questions including:

Who would you feel accountable to if something went wrong?



Who should be better supporting practitioners in handling that accountability?

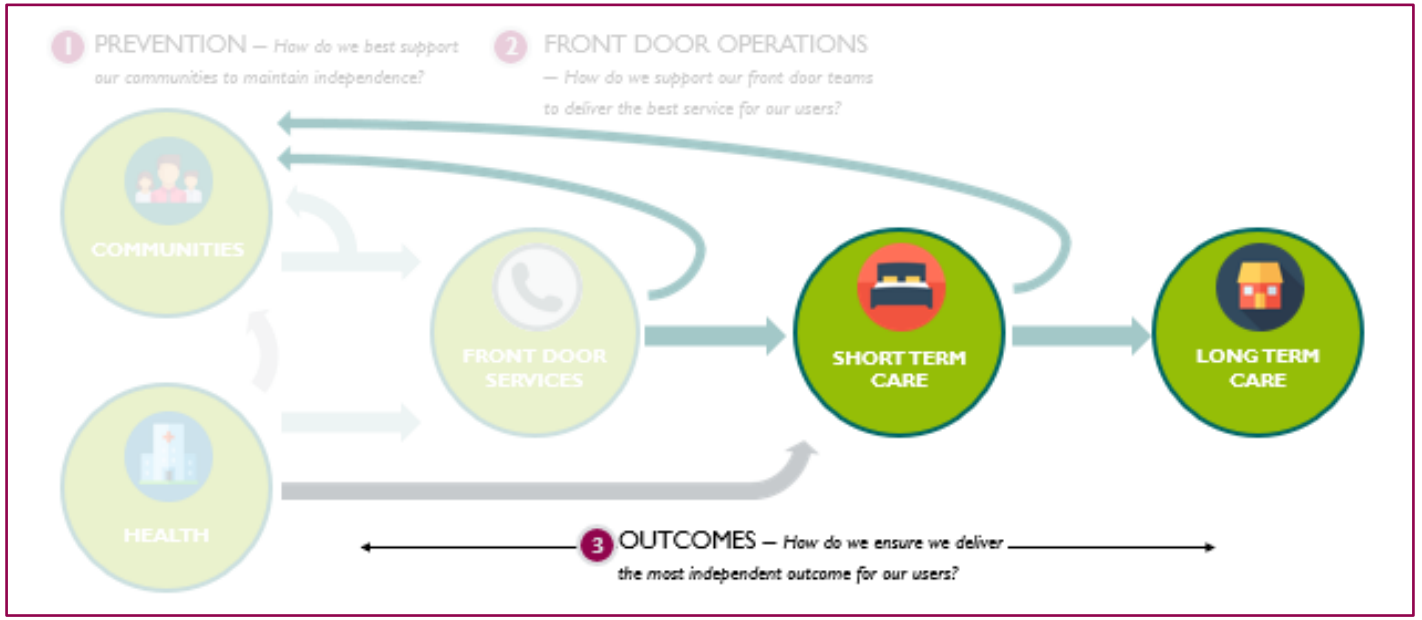


Practitioners felt most accountable to themselves and the customer, and identified that the council and management could better support them with risks and pressures

Data source:
- Survey of over 60 decision-makers in Adult Social Care
- Follow-up Focus Groups

Norfolk County Council

Service Constraints



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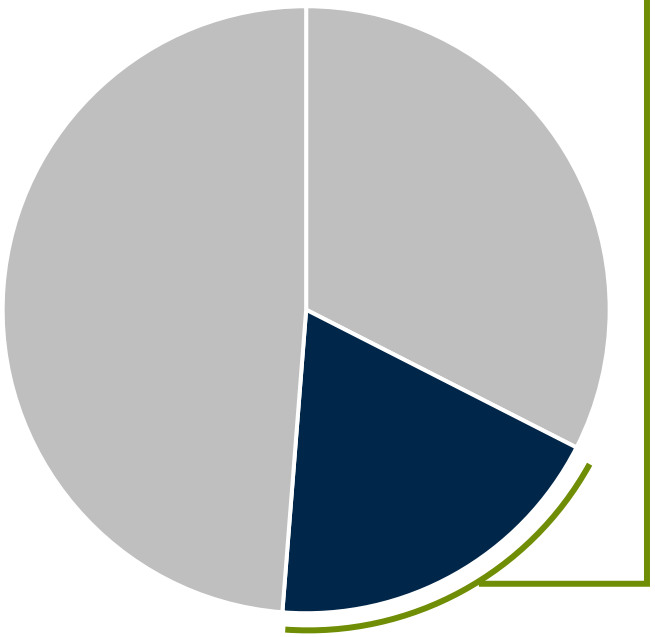
Service Constraints

Within those factors there was a common theme of issues around service constraints



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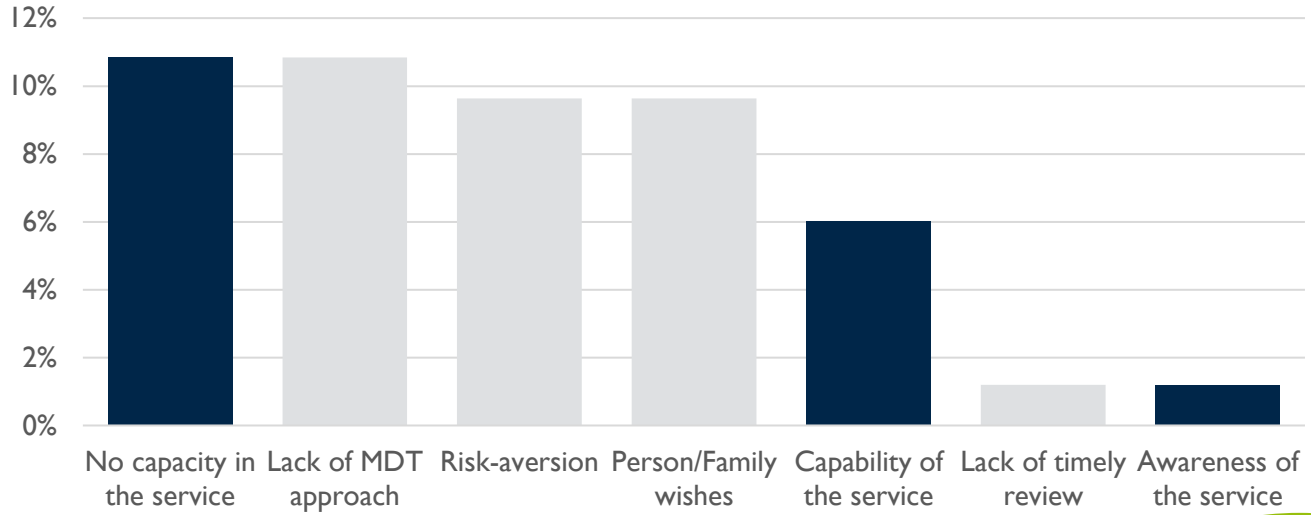
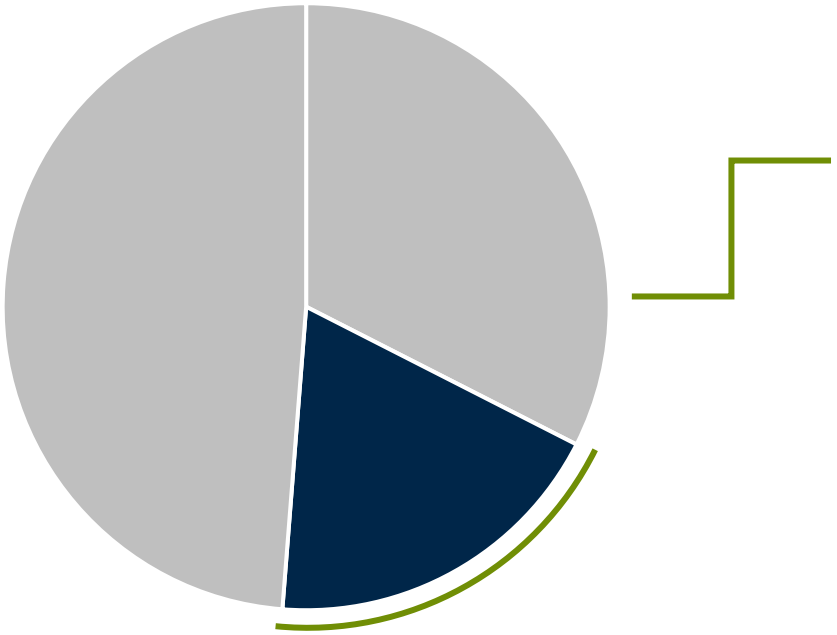
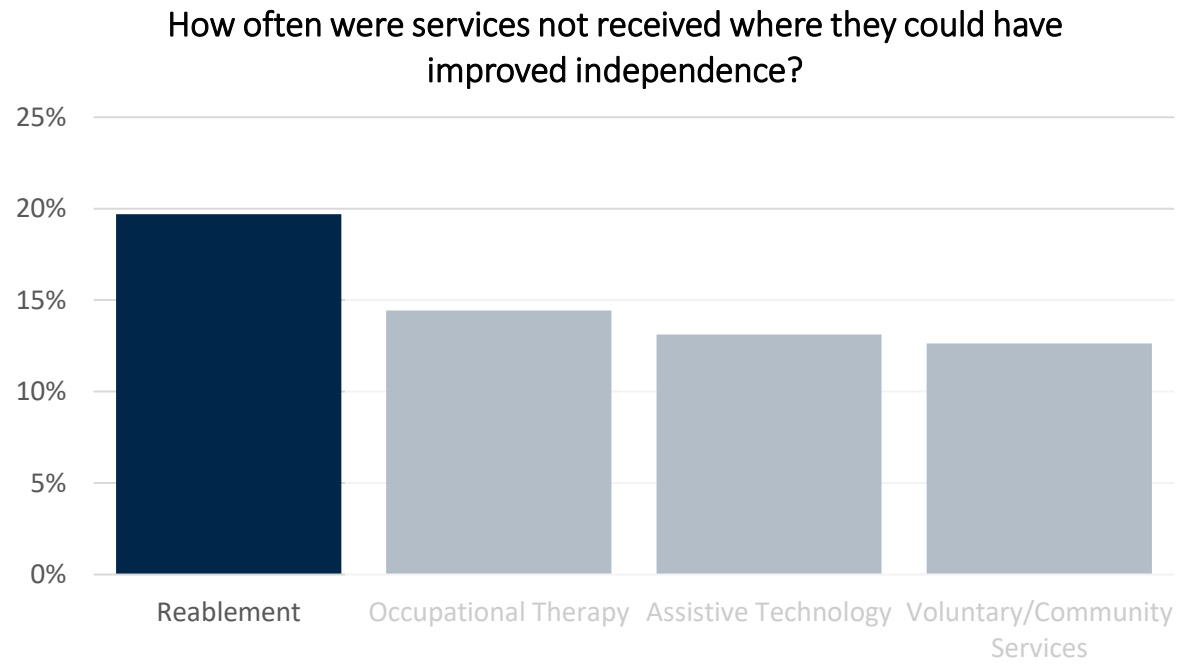


Data source:
- Case Reviews (83 cases)

Services Supporting Independent Outcomes

There were four main services types that practitioners felt would have improved the independence of service user outcomes





Data source:
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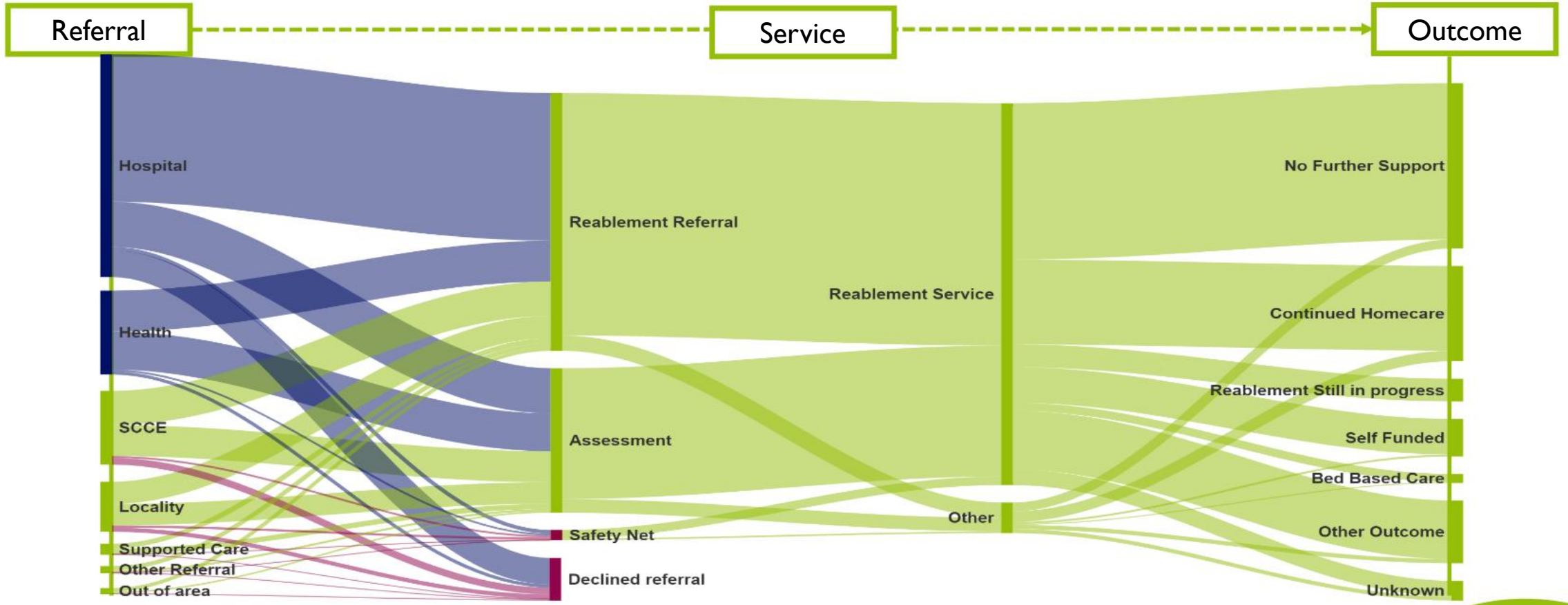
Reablement

Our service is dominated by the health system which originates **70%** of all referrals



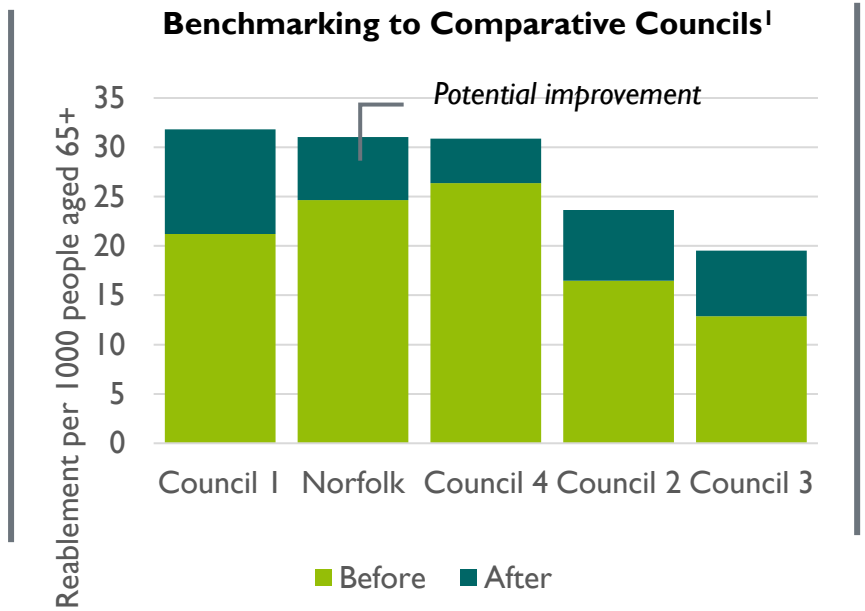
Data source:
- Reablement Case Activity Data

Reablement

Based on service experience, case reviews and comparable authorities, there is higher demand for reablement than is currently being met

Norfolk first support declined over **800 referrals** Last year on the basis of lack of capacity

"The actual number of declined referrals will be much higher than recorded amounts as practitioners don't make referrals where they know we are at capacity" – ***Service Lead***



Results from case reviews show that of the people who would most benefit from reablement only **1 in 3** actually received support from the service

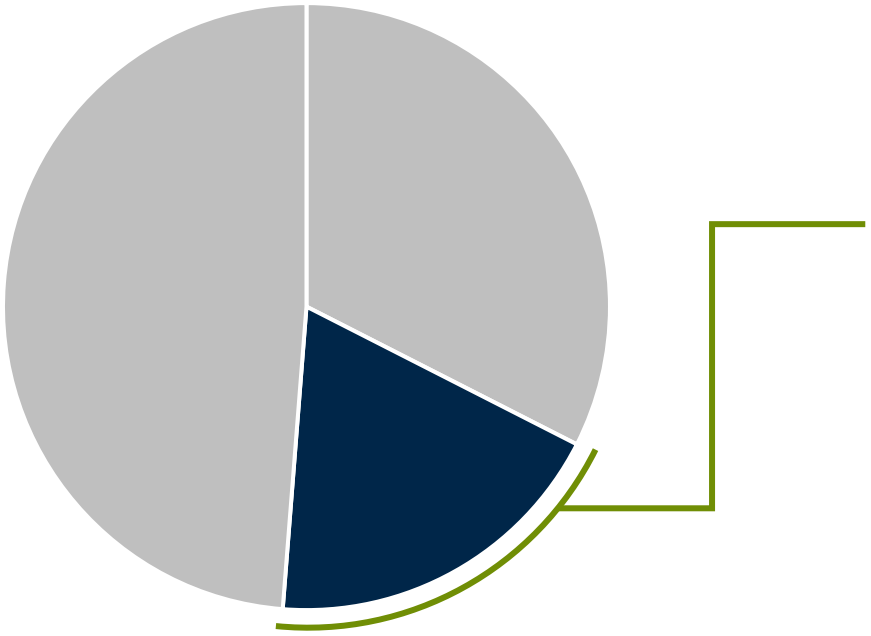
As many as **1200 - 1600 people** more could benefit from reablement each year in Norfolk

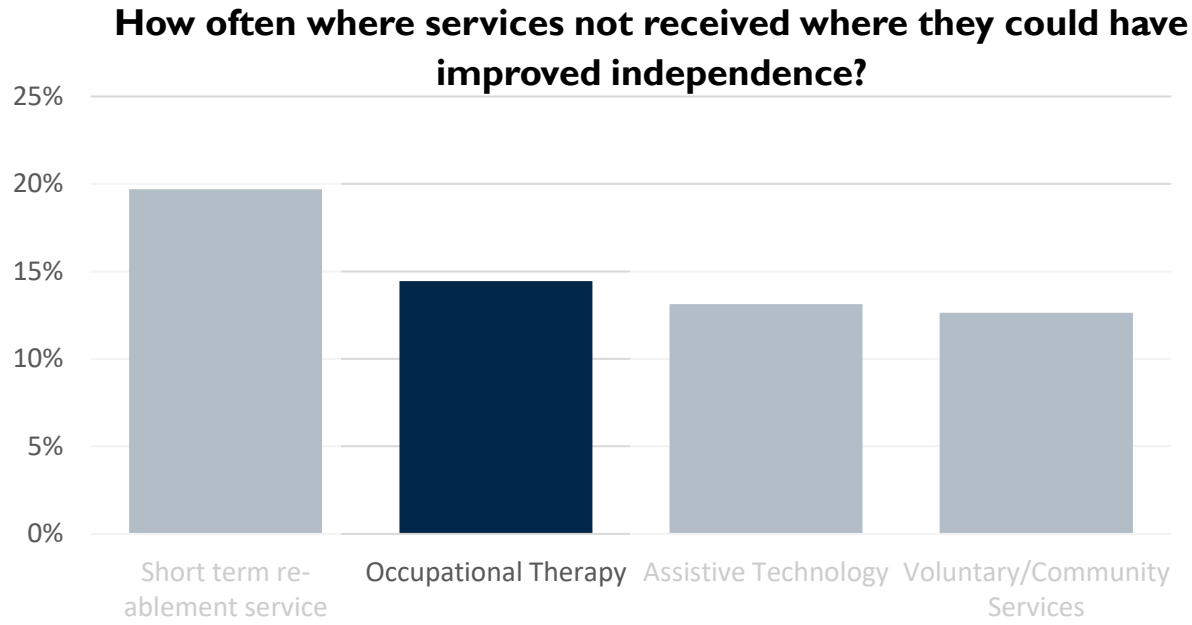
Data sources:
- Reablement Case Activity Data
- Case Review Analysis
- [1] Results from previous Newton projects

Norfolk County Council

Services Supporting Independent Outcomes

There were four main services types that practitioners felt would have improved the independence of service user outcomes





Data source:
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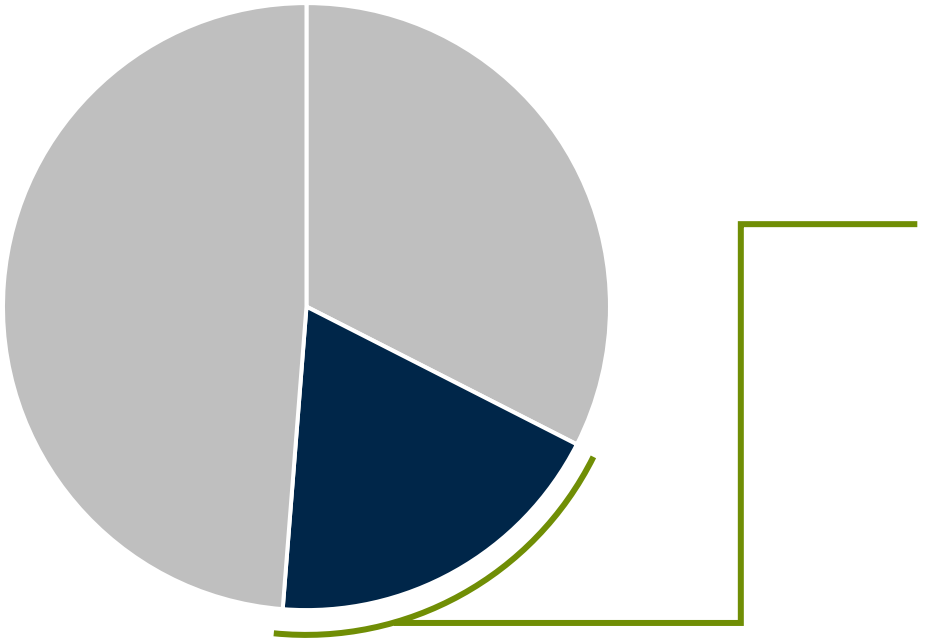
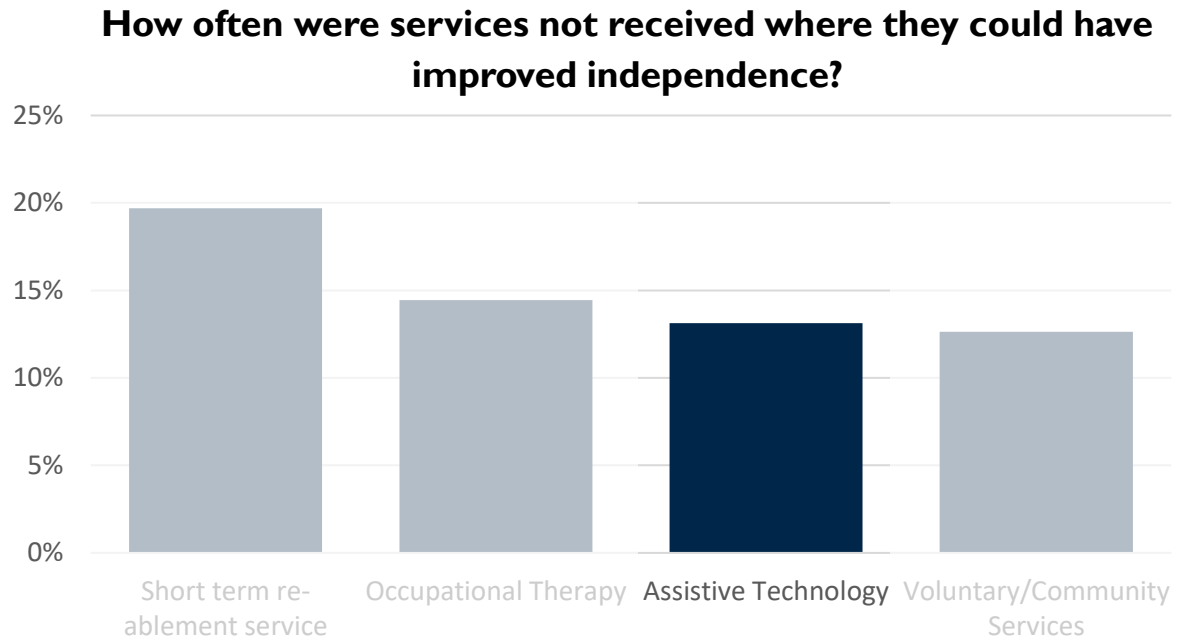
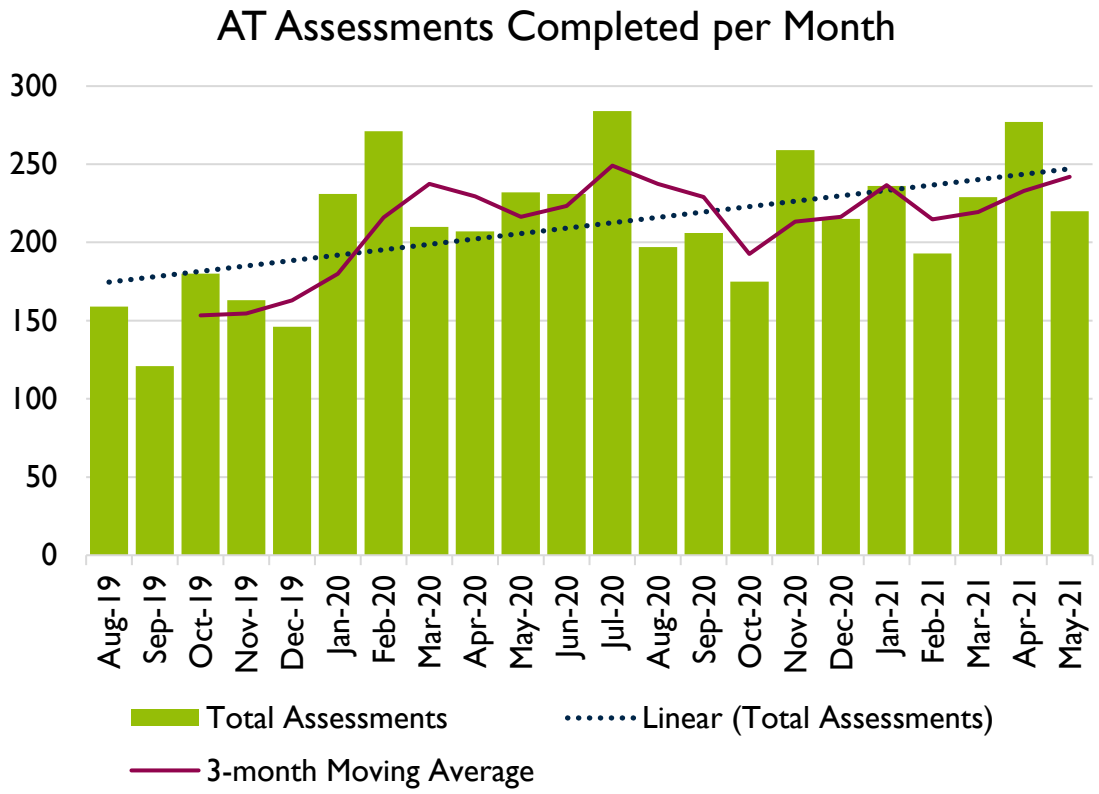




Data source:
- Case Review Analysis

Assistive Technology

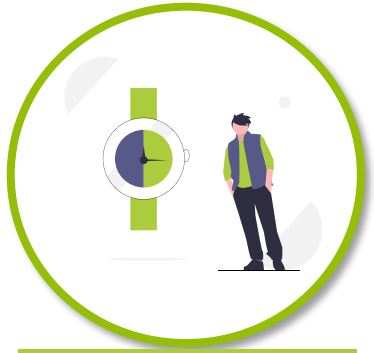
Assistive Technology is a rapidly growing service, but there are more people who could be supported



At least **57%** of people with low-level packages of care could benefit from Assistive Tech support

Awareness and Training

When we looked at the up-take of the online training module '**Understanding AT'**, we found many people hadn't heard of it, including **50%** of SCCE colleagues surveyed.



Waiting Times

There are currently over **200 people** waiting in the AT Holding Tray

At the current rate this could take over **6 weeks to clear.**

Data source:
- Assistive Technology Dashboard (Power BI Reporting)

Norfolk County Council

Services Supporting Independent Outcomes

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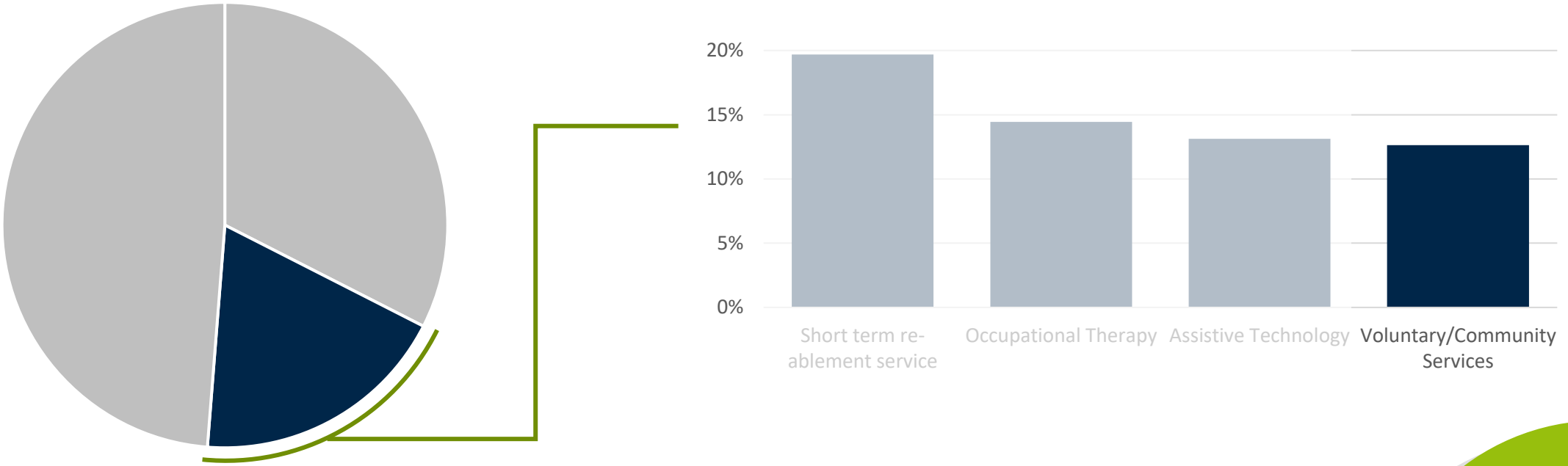
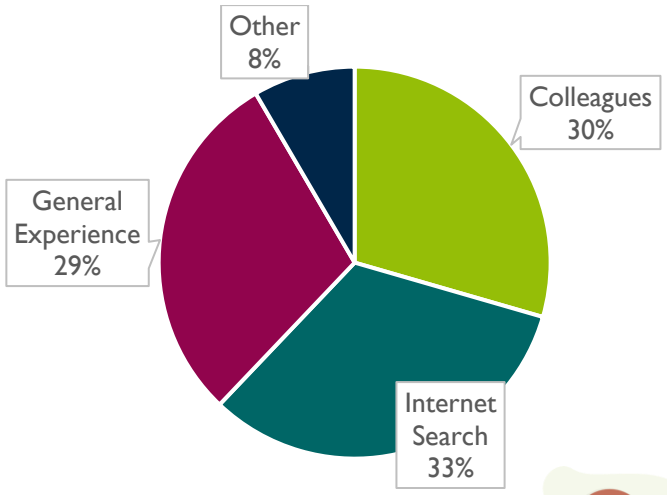


Data source:
- Case Reviews (83 cases)

Utilising Community Services

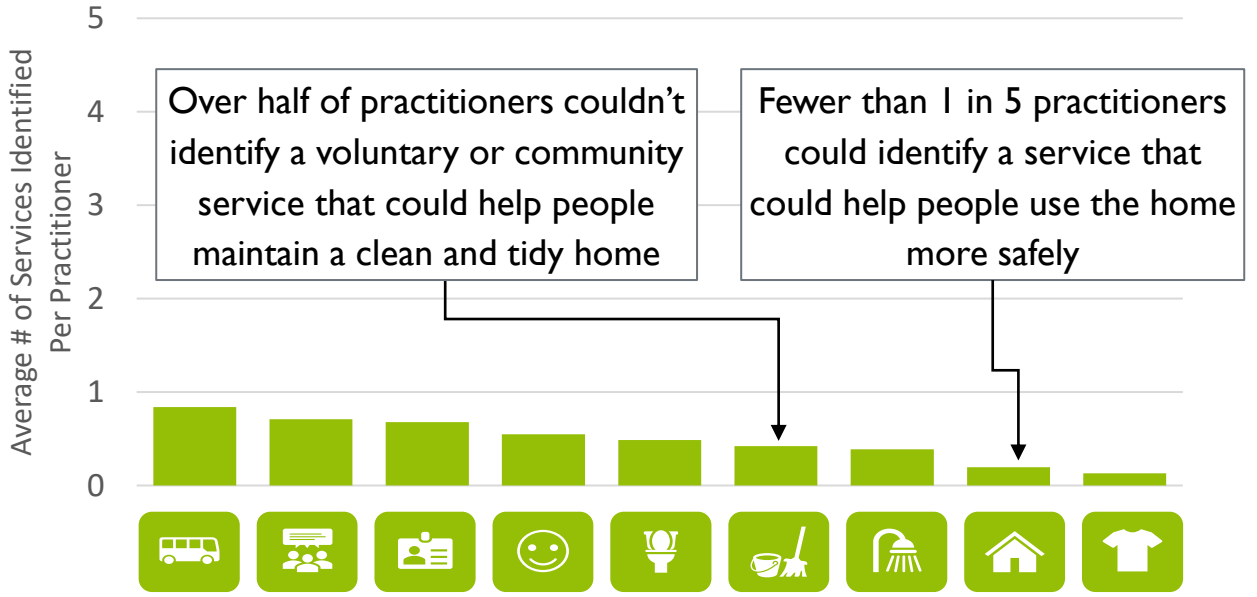
We have over 6000 voluntary and community services across Norfolk. To understand awareness amongst Norfolk ASC practitioners we carried out a survey

Practitioners use a range of methods to find out about community services



8 in 10 Practitioners feel there are gaps in the community service provision for service users

We asked 38 practitioners to suggest a community service in Norfolk that could support with each care act need domain



Data source:
- Survey of practitioners

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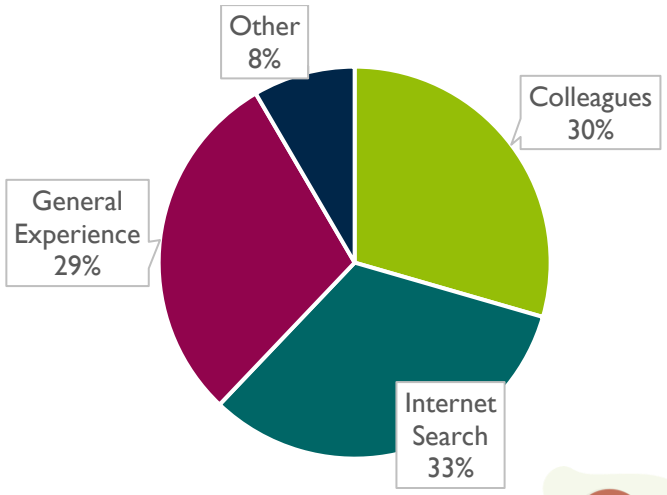
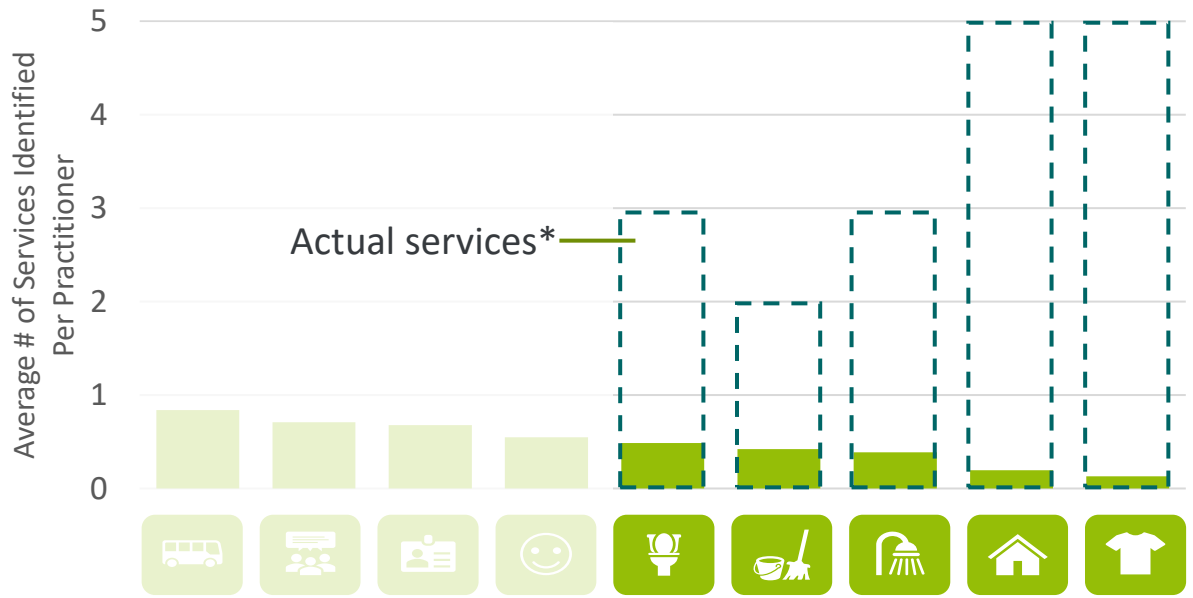


8 in 10 Practitioners feel there are gaps in the community service provision for service users

Even in the areas of need practitioners were least knowledgeable of there are services available to support



*An experienced development worker collated a quick list of services for the same areas of need, returning at least 2 services for each need

Data source:
- Survey of practitioners

Outcomes Summary

Controlling for demographic differences, where a person lives heavily impacts their likelihood of being placed in residential or nursing care, instead of homecare

51%

According to case reviews, **51% of cases could have had a more independent outcome**, either in a different setting or reducing the level of homecare

32% of outcomes were non-ideal due to **decision making pressures. 19%** of outcomes were non-ideal due to **service constraints**

The biggest pressure that drives variation in decision making was identified as the **accountability practitioners felt if something went wrong**

An additional **1200 - 1600 people could benefit from reablement each year**, but we are already at capacity. Lack of available homecare is a big driver, causing reablement capacity to be used for those who do not need it

There are also people within the community who would benefit from additional services to increase their level of independence. Most specifically **OT, AT & Community Services**

Norfolk County Council

Outcomes Design Questions

1. What is our overall outcomes strategy for our users to support the service strategy of promoting independence?
2. How do we set up the right environment to enable optimised decision making? E.g. how can we better support our practitioners to reduce the pressures of accountability?
3. How do we find the capacity to see an extra 1,200 – 1,600 people in the reablement service?
4. How do we set up our teams most effectively, including OT, AT and community service teams?
5. How can we effectively link back to resilient communities, so people stay independent for as long as possible? Is there more we should do to follow up after we've agreed an outcome?

Norfolk County Council

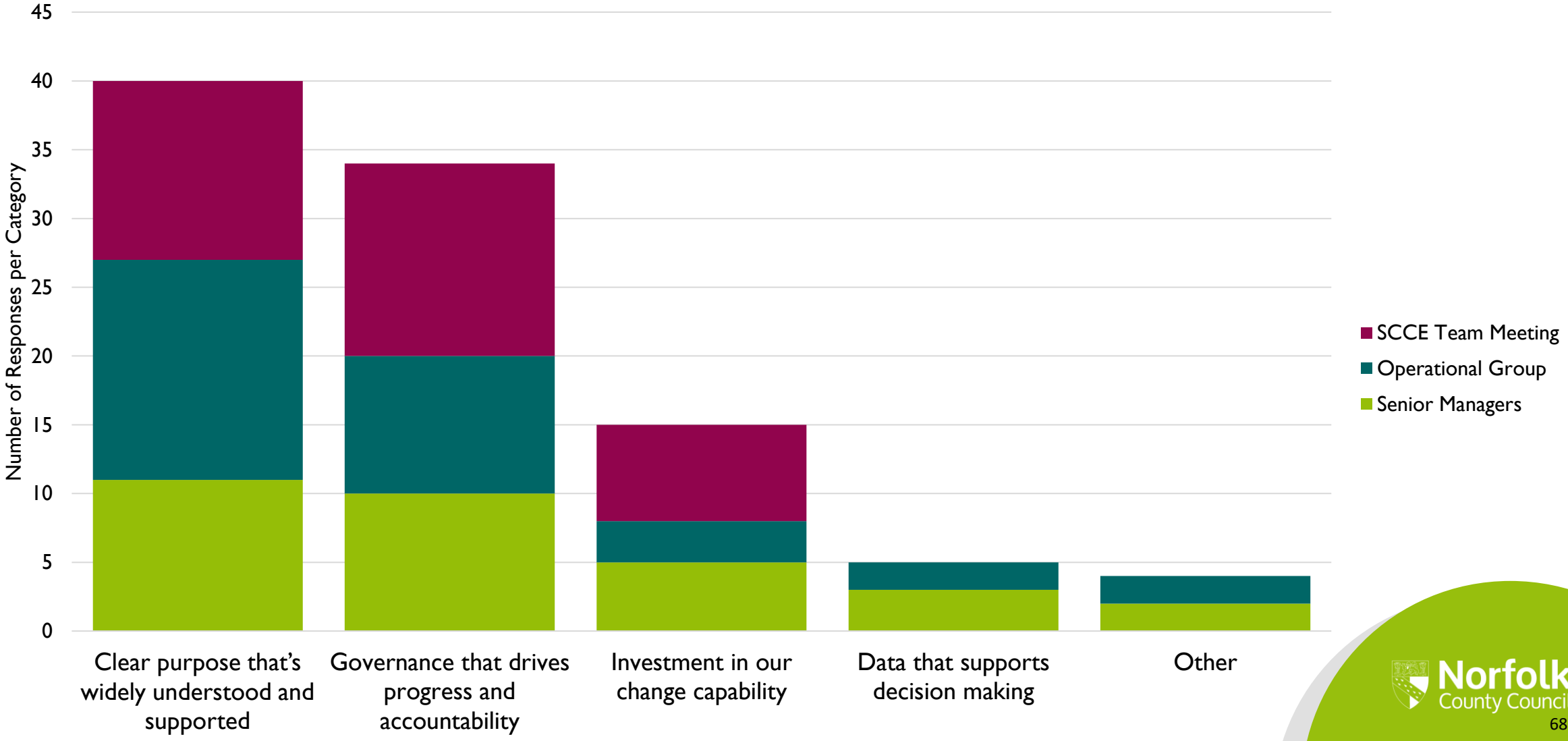
Communities & Front Door Prevention

READINESS FOR CHANGE + EXISTING CHANGE INITIATIVES

4 READINESS FOR CHANGE - *How well set up are we to deliver lasting change?*

Where are the gaps in how we are set up to implement change?

Staff, managers, leaders responses in Menti gathered throughout the diagnostic period.



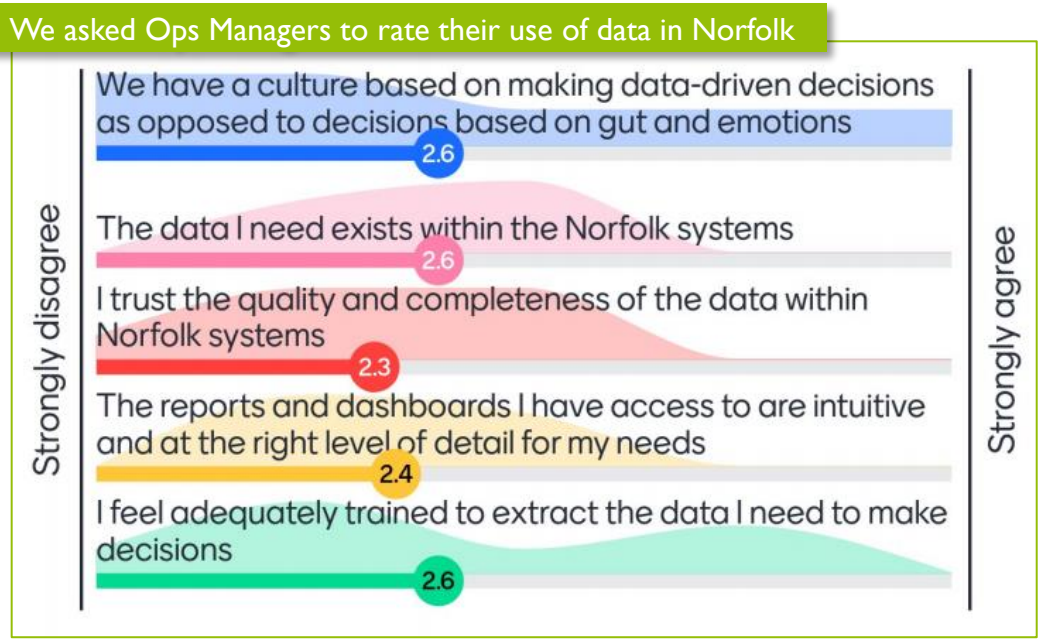
Digital Readiness

Bridging the disconnect between data analytics and operational teams will be crucial to the success of the Front Door and Prevention programme

Norfolk's Digital Readiness

- Norfolk's digital capability is strong, with highly capable I&A and IMT teams
- Investment in Norfolk's Public Health and NODA teams stands Norfolk in a strong position to attack the prevention problem
- However, there is a disconnect between the data analytics capability and execution within the organisation. Operational colleagues sometimes do not feel they have the data and insight they need to make data-driven decisions
- Bridging the disconnect by building a stronger data-driven culture and ensuring reporting and analytical outputs are easily accessible, trusted and relevant to ASC's key priorities will be crucial to the success of the Front Door and Prevention programme

We asked Ops Managers to rate their use of data in Norfolk



Features of the current set up that will impact how effectively we can act on these findings.

Amongst all the positive attributes of ASSD, two were particularly stand out:
How, as the diagnostic has progressed, staff, managers and leaders have increasingly become aligned that to overcome these challenges requires a different approach to previous efforts.
And, despite forewarnings that some areas of the service would be difficult to engage, all areas have, as time has gone on, become increasingly engaged in the work and are positioned well at this stage of the transformation journey.

1. Relevant skill sets that support change exist inside and outside ASSD, but very limited capacity inside ASSD prevents progress.

2. Firefighting and general stretch, at all levels, slows progress and absorbs precious energy and time to make improvement.

3. Approach to tackling operational issues by addressing the symptoms (where the most heat is felt), leading to a silo approach, that makes it difficult to identify root cause or achieve sustainable solutions.

4. Data is readily available however: a. is not of the type that informs everyday operational or strategic decisions; and b. linked to point 3, is not addressing the root cause.

5. Governance is universally in place but does not consistently enforce accountability for delivery.

6. Each improvement programme is run according to the SRO and, whilst flexibility is good, inconsistency complicates matters making it difficult to oversee and participate effectively.