

Adult Social Care Committee

Item No:

Report title:	Promoting Independence update
Date of meeting:	4 July 2016
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services
Executive summary In 2015 the Adult Social Care Committee agreed Promoting Independence as the strategy for transforming adult social care in Norfolk. The strategy was developed following detailed analysis of needs, existing patterns of social care provision in Norfolk and best practice both locally and from around the country. The principle proposed was that promoting independence is key to creating a service which delivers both better outcomes for citizens in Norfolk and is financially sustainable. Recommendations: Committee is asked to note and comment on the content of this report.	

1. Delivery during 2015/6

- 1.1 A programme has been established, chaired by the Deputy Executive Director and a delivery programme is in train, recognised as major transformation which is programmed over the medium term. Delivery of savings will be reliant on implementing the changes which allow people to meet their outcomes whilst preventing, reducing and delaying the demand for formal care services.
- 1.2 A Promoting Independence Partnership Group has been formed in order to engage a wider group of stakeholders in supporting and informing the strategy, recognising that success is dependent not just on making effective changes in the Council but also on the contribution of partners.

2. Workstream delivery

- 2.1 A summary of the workstreams and current projects within those workstreams are shown in the table below.

Pathway Stage	Projects	Business Justification	Latest Progress/ Notes
Looking after yourself	<p>Customer Pathway workstream - includes community clinics</p> <p>Lead is Lorna Bright</p>	<p>At the time of establishing this workstream benchmarking data showed NCC as receiving a disproportionate level of contacts in comparison with its family group. A high proportion of these contacts were converted into assessment, and in turn a high proportion of assessments led to services. Good practice audit showed that 75% of front door contact should be resolved with information, advice or external referral. It was also noted that community clinics were emerging as an efficient alternative to home assessment for the majority of clients, resulting in higher levels of external referral and lower levels of formal services. Accordingly the board has agreed a programme of pilot clinics to test the method locally, on a cost-neutral basis. (Sources: LGA efficiency programme)</p>	<p>The customer pathway from initial call to assessment has been mapped and issues with data have been addressed. We are now confident that NCC deals with 70% of initial contacts by way of information and advice or referral to external services. There are issues with other routes to service which are being addressed.</p> <p>Draft operational specification has been prepared and will be developed further alongside the community links.</p>
Recovering your wellbeing	<p>Reablement</p> <p>Lead is Janice Dane</p>	<p>It is clear from the LGA efficiency programme and our own experience that people receiving effective reablement go on to receive less formal services than those who do not. Due to capacity issues NCC was only able to reable 71% of suitable clients. The project was established under an invest-to-save business case to raise the capacity in order to satisfy all referrals.</p>	<p>Local Reablement teams are starting to working with locality LD teams on providing enablement. Recruitment of new reablement staff continues and additional capacity is employed.</p>
Living with complex needs	<p>PBQ & RAS Project</p> <p>Lead is Janice Dane</p>	<p>The introduction of Strength-Based assessments requires a revised Personal Budget Questionnaire (PBQ) so that the questions reflect the new type of conversation. The Resource Allocation System (RAS) will need to be revised to match the new PBQ.</p>	<p>The project has been established and is currently working to establish the basis for co-production of a new questionnaire in conjunction with staff, service users and other stakeholders.</p>

	<p>ASC0009 Review Packages of Care for LD/PD/MH</p> <p>Lead is Lorna Bright</p>	<p>This project was established before Promoting Independence and is show here due to its relevance to the strategy. Some of the highest cost packages sit in these areas. The business justification was established through the Project Initiation Document</p>	<p>The project has delivered £1.7m of savings and continues to work to deliver further savings. In addition to the reassessment of individual service users, strategic work with providers is driving down costs</p>
	<p>ASC0014 Transport Project (J Dane Sponsor V. Dobson PM) Reviewing individuals with significantly high transport costs. Consulting on withdrawal of funding for all transport</p> <p>Lead is Janice Dane</p>	<p>This project was established before Promoting Independence and is show here due to its relevance to the strategy. It was established to deliver efficiency savings approved by ASC Committee. The business justification was established through the Project Initiation Document and authorised by the Transformation Programme Board</p>	<p>Transport project being re-planned to deliver these savings and new savings for 2016-17 and 2017-18, based on helping people to be independent and meet their transport needs. Council made the decision on 22 February to not cut all of the ASS transport budget (considered as part of 2016-19 budget proposals). Savings of £3.8m still need to be achieved from previous agreed budget plans. Two people recruited to the fixed term centralised LD Reassessment Team of four. Funding agreed for development of new resource at Elm Road Thetford. Elm Road PID developed.</p>
Cross-Cutting	<p>Development of Strategy</p> <p>Lead is Catherine Underwood</p>	<p>The Promoting Independence Strategy is Adult Social Services response to Reimagining Norfolk</p>	<p>Narrative PI strategy approved by PI Board. Target demand model in development for completion by July 2016</p> <p>Financial modelling to be included.</p> <p>Working with Public Health to develop a greater understanding of population driven demand.</p>

	<p>Staff Engagement and OD</p> <p>Lead is Lucy Hohnen</p>	<p>Once the principles of promoting independence were established it was clear that a programme of staff engagement and training would be required to establish the principles of strength-based assessments and that this work should proceed in parallel to the development of the PI strategy. The staff would therefore understand the relevance of, and be ready for, the implementation of any subsequent interventions.</p>	<p>Full OD workstream plan developed and being implemented. Strengths-based assessments commenced in October 2015 with Practice Consultants and due to the positive reception received is now being rolled out to all staff involved in assessment work. Use of ASC Newsletter, Quarterly Managers Forum, Intranet site, direct communication and face to face meetings with SMT members to deliver and reinforce message.</p>
	<p>Finance & Performance</p> <p>Lead is Susanne Baldwin</p>	<p>This workstream was established to develop an evidence base on which to develop the strategy, and a performance management framework for the department which would effectively measure the progress on the PI strategy. The framework is under development with the ASC Performance Board and is working on a single framework to report on Volumes, Costs and Quality.</p>	<p>Developing baseline financial model and defining links between required financial savings and programme activity is due to complete as part of target demand modelling.</p>

- 2.2 A variety of case studies with examples of how Promoting Independence is already showing progress in the community can be seen at Appendix B.

3. Risks and issues

- 3.1 There is a risk that delivery of the strategy does not meet financial targets. Detailed financial modelling and monitoring will be critical.

4. Activity and performance impact in year

- 4.1 Changes in key operational and performance metrics evidence the implementation of elements of the Promoting Independence strategy. These include:
- a) Significant and sustained reductions in permanent admissions to residential and nursing care homes. Previously Norfolk was an outlier, but is now 'in the pack' compared to its family group of similar councils – with admissions for older people likely to be below the median when future benchmarking data becomes available. Reductions in admissions are now beginning to reduce the overall number of people in long term residential and nursing care.
 - b) A commensurate increase in the percentage of people in long term services that receive them in community settings.
 - c) Improvements in the scale and effectiveness of reablement interventions. Increased investment has seen the number of people receiving reablement increase, whilst at the same time the number of people remaining in their own home after reablement has gone up (and consistently remains above 90%); and the number of people not requiring significant long term support after reablement has increased from around 82% in 2015 to over 90% now
- 4.2 Some areas of activity and performance have yet to see sufficient improvement, and will remain operational priorities until they do. These areas include support to carers and support to help people with learning disabilities or mental health problems to get into meaningful employment.
- 4.3 All of these areas are measured through the departments Vital Signs key performance indicators and are reviewed regularly by Senior Management Team and the Adult Social Services Committee. Further work is underway to better understand the impact of strength based assessments on the future outcomes and costs for people that experience them, and this will be outlined in future reports.

6. Next steps

- 6.1 A key live activity is the development of a target demand model which sets out how we expect people's needs to be met in the future, what this means for service redesign and activity and how this will impact on financing.
- 6.3 The full target demand model and associated delivery plan will provide us with the blueprint for the next stages of our transformation, aligning with the delivery of the savings required in the medium term financial plan. In our initial budget planning we modelled against matching average and best family comparators. This will give us the detailed underpinning delivery plan to meet these models.
- 6.4 **Developing our Target Demand Model**
- 6.4.1 During May and June we have been working with iMPower, an organisation which has worked with a number of authorities to develop such modelling in social care. A target

demand model establishes a picture of current demand and its drivers, projects future demand based on likely growth plus existing initiatives and, if there is a gap between that future demand and what is affordable identifies initiatives that could close the gap.

6.4.2 The project consists of four main phases:

1. Build a clear picture of current demand – including service volumes, flows and costs
2. Forecast future demands – combine demographic and other data to forecast future demand, factoring in the impact of existing change programmes
3. If the predicted demand exceeds what the service can manage and afford then identify what demand levels would need to reduce in order to close the gap
4. Define the workstreams/projects required to deliver the target demand and build high level implementation plans and team level targets.

6.4.3 To help inform this work we have undertaken analysis of a number of cases for adults in receipt of formal service packages to help determine whether some of these needs could have been avoided or met by alternative means.

6.4.4 We are now in the third phase of the project which is to use the data gathered to date to provide an analysis of demand and forecast demand against the medium terms financial plans. Where this analysis suggests that future demand will not meet the financial requirements we will work with the adults team and wider stakeholders, such as the Promoting Independence Partnership Group, to identify what a new model of responding to demand would need to look like in order to be affordable. We will bring wider evidence of what initiatives have worked elsewhere to assist us in determining the initiatives we next take forward.

6.4.5 In the final phase of this work, we will develop what a programme of interventions to meet this target model would look like and for some of the more significant interventions we shall develop outline business cases. A key aim of this phase would be to develop realistic and tangible targets that can be applied at locality level, coupled with the initiatives to achieve them.

6.4.6 This work will conclude by the end of July and will provide us with a detailed analysis and modelling to underpin the next stages of our Promoting Independence programme which can then be developed into delivery plans.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

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