Agenda Item No: 11

TRANSFORMING LIVES

To:	**Adults Committee**
Meeting Date:	**15 September 2016**
From:	**Adrian Loades** **Executive Director, Children, Families and Adults Services**
Electoral division(s):	**ALL**
Forward Plan ref:	**Not applicable** *Key decision:* **NO**
Purpose:	**To provide information on the impact of the Transforming Lives Programme for different groups of service users**
Recommendation:	**The Committee is asked to note and comment on the report**

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1.0 BACKGROUND

1.1 On 17 May 2016, a paper on understanding the impact of Transforming Lives was presented to the Adults Committee[1]. The paper presented an analysis of the difference in committed cost between Disability Services and Learning Disability Partnership service users who had a Transforming Lives case note on their record, and those who did not. It also presented an analysis of the outcomes experienced by a sample of service users who had received intensive Transforming Lives support.

1.2 The Committee requested that further information about the impact of the Transforming Lives Programme be presented regularly to the Committee and that this should encompass information on all service user groups. In particular the Committee asked for a focus on the outcomes, savings and service user experiences driven specifically the by the Transforming Lives Programmes.

2.0 OUTLINE OF THE REPORT

2.1 This report divides the assessment of Transforming Lives progress into several areas, each based on a major area of transformation currently in progress. These are the criteria by which we intend to understand how well Transforming Lives is progressing from this point forwards. This information suite, and subsequent updates to it, should be viewed alongside the regular financial monitoring information provided to committee through the Budgetary Control Report to understand the total impact of the programme.

2.2 Section 3 describes the use of Transforming Lives case notes as a way of understanding how much of total practice we can specifically identify as being aligned with the model. This allows us to monitor the roll-out and compare outcomes between those services users supported under the new model and those still being supported under the previous arrangements.

2.3 Section 4 provides a set of information regarding transformed activity in Older People Service's and Mental Health (OPMH), driven through the Transforming Lives Programme. It highlights the new Adult Early Help Team and Reablement as key elements of the Transforming Lives approach to responding to need and diverting from traditional 'formal' care services. In addition, it includes reports from Occupational Therapy and the Double Up Team.

2.4 Section 5 covers how we have sought to embed the Transforming Lives Programme and outcomes in our commissioning of external provider services – demonstrating how the programme is influencing all care provision, not just that directly provided by Local Authority teams.

2.5 Section 6 shows tracking activity in Multi-Agency Safeguarding Hub (MASH) – a key part of transformation at the front door has been to develop the MASH to undertake a triage function and where there are safeguarding concerns to respond, make initial enquiries and undertake some safeguarding investigations, only passing the more complex situations through to locality teams.

2.6 Section 7 shows an initial set of outcomes data – comparing the returns to the ASC

[1] Understanding the impact of Transforming Lives in 2016-16 – 17 May 2016 Adults Committee paper: http://tinyurl.com/graojul

service user feedback survey of people who have been supported under the Transforming Lives methodology to those who have not – and assessing differences in outcomes and experiences for the two groups. This analysis will be repeated in more depth once a greater proportion of our casework is recorded as being part of the Transforming Lives model.

2.7 Section 8 covers data around the provision of information and advice in line with Transforming Lives at Tier One (helping people to help themselves).

2.8 Section 9 provides information around the provision of community equipment in order for people to remain safe and well in their own homes and live as independently as possible.

3.0 TRACKING ACTIVITY THROUGH TRANSFORMING LIVES CASE NOTES

3.1 One of the key areas for discussion with the Committee has been the extent to which the Transforming Lives approach has been rolled out across service user groups. In Disability Services (DS) and Learning Disability Partnership (LDP), all staff are able to use a specific type of case note to identify when they are recording information about work they have done with a service user which is based on Transforming Lives principles. This information is collected regularly and reported via the Adult Social Care Performance Dashboards. The tables below show the number of Transforming Lives case notes recorded in the LDP and Disability Services respectively since April 2016.

3.2 The chart below shows an increasing proportion of cases being highlighted through the case note as having been worked within the Transforming Lives model. In particular, it evidences an increasing number of Tier 1 contacts with people with physical and learning disabilities, where the provision of information and advice are being used to help people meet their own needs. Clearly we have further to go in achieving full roll out and as the proportion of Transforming Lives cases increases, we expect to see greater impacts on outcomes and finances. A larger sample size will also bring greater statistical rigour to our analysis of the impact of the programme.

3.3 <u>Learning Disability Service Users</u>

Case Note Type	Apr	May	Jun	Jul
Non-TL type with TL outcome	12	137	131	46
Tl - Tier 1 Conversation	45	164	242	638
Tl - Tier 2 Conversation	26	57	76	100
Tl - Tier 2 Review Conversation	3	6	12	9
Total	**86**	**364**	**461**	**793**

3.4 <u>Physical Disability Services Users</u>

Case Note Type	Apr	May	Jun	Jul
Non-TL type with TL outcome	9	7	7	3
Tl - Tier 1 Conversation	12	21	22	57
Tl - Tier 2 Conversation	22	23	25	18
Tl - Tier 2 Review Conversation	1	4	1	
Total	**44**	**55**	**55**	**78**

3.5 In Older People's Services the number of service users is much greater and recording is not yet focussed specifically on capturing and labelling actions as being

undertaken on a Transforming Lives basis. At present recording demonstrates that many actions being undertaken that are aligned with the TL model – for example, capturing the provision of information and advice or the use of assistive technology to enable independence, but does not specifically label them as 'Transforming Lives'. This does not yet enable us to report management information about the proportion of work which is aligned with the model. The Programme Board will consider how to change recording practice to allow us to capture this impact for Older People's Services.

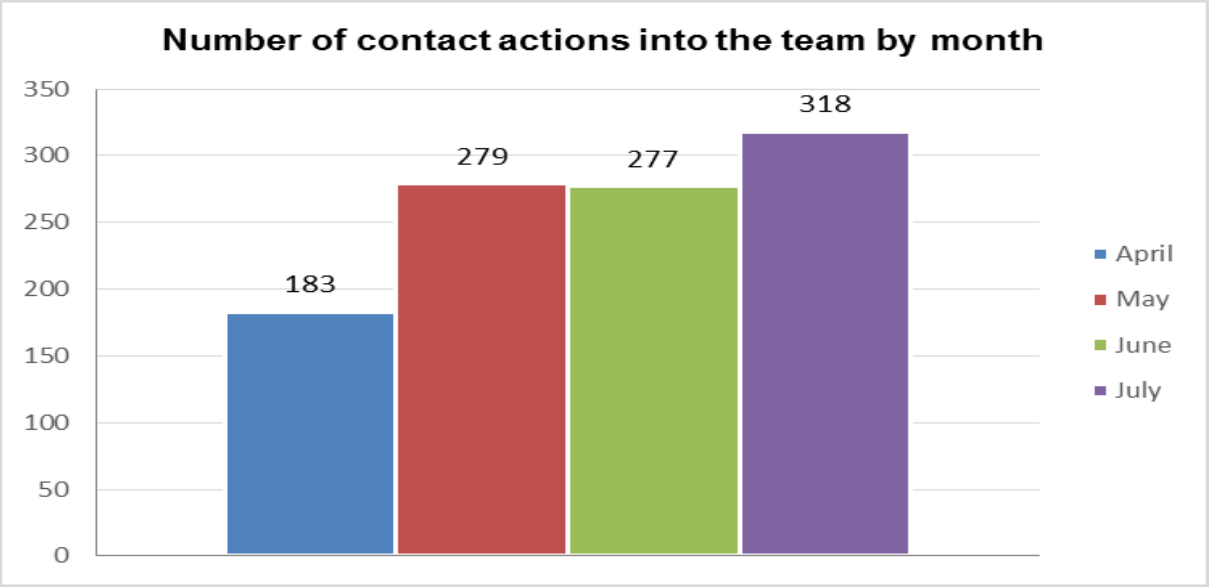
4.0 TRACKING ACTIVITY IN OLDER PEOPLE'S SERVICES

4.1 Adult Early Help

4.1.1 The new Adult Early Help Team is a central element of the Transforming Lives model for Older People's Services. The intention is to provide enhanced early intervention support which makes best use of natural support, community support and preventative interventions and so reduces the number of people requiring Tier 3 support from the local authority. It is also hoped that establishing a new early help offer will reduce the number of referrals and contacts being handled by the locality teams, thereby freeing them up to dedicate the necessary capacity to the longer term and more complex cases at Tier 3.

4.1.2 The service began operation in April 2016 and has been gradually increasing the number of referrals it takes as the new arrangements have developed. We are still in the early stages of roll-out and at the this point, we need to treat the impact we are seeing in the data with some caution and expect further changes in patterns as the service embeds in the coming months . Nevertheless, we have begun to see encouraging signs that Early Help is proving successful within the Transforming Lives model. Appendix 1 shows the most recent performance report for Adult Early Help, key points are below.

4.1.3 We can see an upwards trends in the number of cases Early Help is dealing with each month as the team is becoming established.

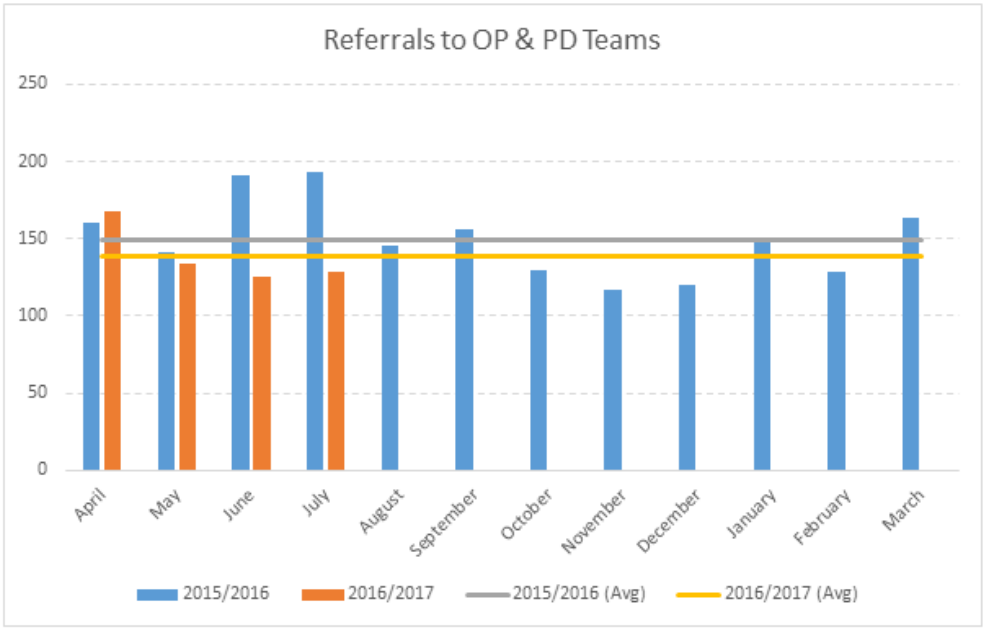


4.1.4 By monitoring the outcome after the Early Help involvement, we can see that a considerable proportion of cases are being diverted away from the locality teams through the use of either a Community Action Plan (around 15%) or the provision

of Tier 1 services (around 50%), with only a comparatively small proportion (23%) being passed through to locality teams for assessment for care. Performance is somewhat less good in July due to some staffing and operational issues, but overall these diversion rates are positive and broadly in line with the impact we hoped to see.

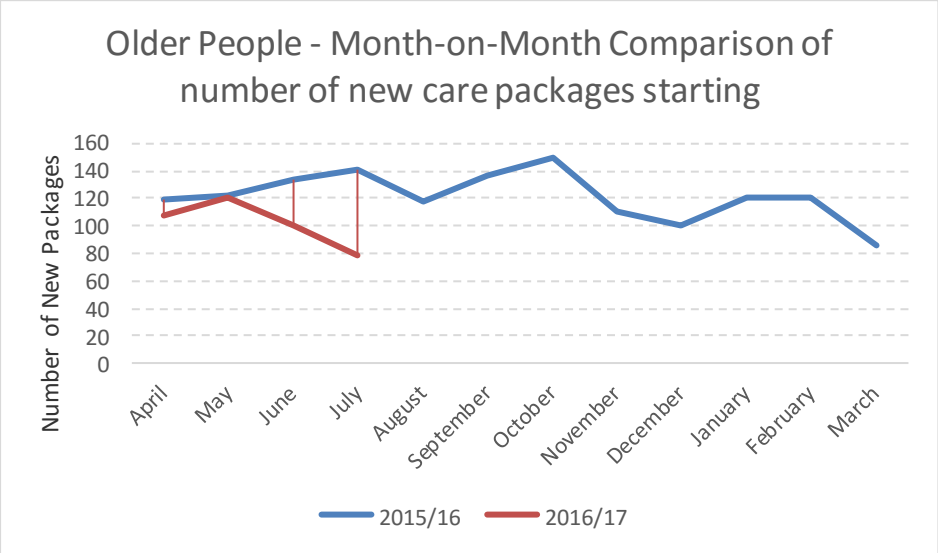
Adult Early Help Team	Apr	May	Jun	Jul
Number of Contact Actions received by AEH Team	183	279	277	318
Community Action Plans (CAPs) completed	38	37	51	43
Contacts resulting in Tier 1 Services only	88	158	140	140
Contacts referred directly on to long-term care	30	54	65	107

4.1.5 If we compare the monthly number of referrals to locality teams since the introduction of Early Help to the rates last year, we can see that there has been a significant decrease.



4.1.6 This decrease in referrals is helping the teams mitigate existing workload pressures and, if sustained, will help us address the waiting lists and backlogs for assessment and care. We have already begun to see this impact with the latest waiting list information showing only a handful of waiting cases in the Hunts and Fenland areas and the lowest levels for several years in the East (9 cases) and City and South (42).

4.1.7 Ultimately, the key objective of Early Help is to allow more people to be supported without recourse to a formal care package. Looking at the number of new packages being opened in locality teams per month, again we can see that the early data from the first few months of Early Help operation indicates lower levels than in previous years. It is too early to be confident that this trend will be sustained but if it were to continue, this would evidence the impact on outcomes and financial spend that we hoped to achieve as part of the business case for investment in Early Help.



4.1.8 These downward trends in new referrals and cases coming into care services appear to be starting to translate into a reduction in the total number of open cases in Older People's Services which is also decreasing despite the annual growth in the number of older people in Cambridgeshire. Again this is the outcome we hoped for under Transforming Lives, with people's need being met without a Tier 3 care provision. As well as the general downward trend, there is a particularly noticeable reduction in the number and proportion of people in residential care provision. This points towards success in the goal of Transforming Lives to help people to remain living independently within their own homes and communities for longer, even where they do require longer term local authority help. We have not yet seen any reduction in the number of people requiring nursing care, which is what we might expect.

Existing Services Users with a Care Package		Apr	May	Jun	Jul
Composition of Care	Community Based	2823	2814	2771	2761
	Residential Care	920	904	888	894
	Nursing Care	461	464	459	465

4.2 <u>Reablement</u>

4.2.1 The Reablement Service is another key element of the delivery of Transforming Lives for older people and works to help older people retain and regain their independence after periods of hospital care, or after an initial crisis or escalation of their needs and frailty. Broadly, the intention is to work with all those who have the potential to benefit from the service and then to achieve Independence. The figures below show the service continuing to achieve strong performance in the proportion of people receiving help who are supported to independence (54.6% in July) and reduced care need (a further 8.2%).

Reablement	Apr	May	Jun	Jul
% of people finishing a RBT episode as independent	55.2%	53.3%	52.7%	54.6%
% of people finishing an RBT episode with a reduction	9.4%	9.1%	8.9%	8.2%
Cumulative % of "reablement" hours delivered*	60.2%	59.3%	59.0%	60.2%

Cumulative % of "mainstream" hours delivered*	21.7%	22.9%	23.7%	22.8%
Cumulative % of "end of life" hours delivered*	1.2%	1.3%	1.4%	1.2%
Cumulative % of "supported recovery" hours delivered*	10.5%	10.3%	9.8%	9.8%
Cumulative % of "admission avoidance" hours delivered*.	5.9%	5.7%	5.3%	4.8%
Median length of stay in reablement in weeks	2.4	2.3	2.3	2.0

4.2.2 However, the data also shows us that the service's capacity to reable people continues to be constrained by cases in which people have higher levels of need and are not in a position to be 'reabled'. This is shown in the breakdown of hours below, with the biggest problem being that more than 20% of cases which are recognised as mainstream care - cases where the scope for reablement is now exhausted and the person needs ongoing homecare, but the capacity does not exist in the homecare market meaning that Reablement continues to deliver the home visits. We have recently recommissioned our block homecare contracts to offer a new Home-Based Transition Service with the aim of offering a follow-on homecare service for cases ending Reablement Support. This new service has only recently commenced and we hope to see the proportion of Reablement capacity used on mainstream homecare reducing from this point. There are also elements of Reablement capacity being used to provide for people whose needs are predominantly health related rather than social care – those coded as 'supported recovery, admission avoidance and end of life'. We are working to re-route these referrals through our partnership work with health colleagues. In particular, the investment through the Better Care Fund in new Intermediate Care Workers (ICWs) will provide an alternative which will hopefully release Reablement capacity.

4.2.3 The service continues to have some difficulties in filling all vacant posts which presents a further challenge to offering the Reablement support to everyone we would like to. Those challenges, coupled with the difficulty in freeing capacity described above, means we not yet been able to substantially increase the absolute number of people going through the service and receiving the help they need to be as independent as possible. So far in 2016/17 we have actually 'reabled' slightly fewer people than in the equivalent period the previous year. We believe that if we can address the capacity challenges, there is the potential for the service to work with substantially more people in future. If we could free up capacity we would want to focus this on people with emerging needs in communities and this will make a significant contribution to the Transforming Lives goals around enabling and community based care.

4.3 <u>Occupational Therapy</u>

4.3.1 The integrated Occupational Therapy (OT) Service for Cambridgeshire is provided by CPFT and delivers both health and social care interventions to adults across the County. The primary focus has been on the delivery of interventions that delay or prevent the need for long term care, in line with the aims of Transforming Lives and the requirements of the Care Act.

4.3.2 The OT service operates a duty function which enables them to respond quickly and contribute towards admission avoidance and prevention of escalation. This service also provides an information, advice and signposting function as well as determining the prioritisation of need. Through the work of the Occupational Therapy Task and Finish Group and Neighbourhood Team (NT), the management

of waiting times has been under closer scrutiny. Waiting times are currently reported to be an average of 4.5 weeks across the County (as of 12 July 2016) which is the best performance we have seen since the service was transferred.

4.3.3 A key output from the Task and Finish Group was to gather evidence to support the perceived benefit of OT interventions in terms of outcomes for Social Care. An audit of 46 cases was carried out and showed that 70% of cases did not have a domiciliary care package in place, suggesting that referrals to OT and the resulting OT interventions are delaying and preventing the need for long term care. 30% of the cases did have a care package in place and in some of these cases it was the OT's view that these care packages could be reduced. Closer working with Social Care Teams will ensure that these cases are picked up through initiatives such as joint reviews with CCC's Older People's Locality Teams. In all 46 cases reviewed, the client's agreed outcomes were achieved – further detail, including case studies are available on request.

4.3.4 Building on the evidence of effective early intervention by Occupational Therapy, the Council has also ensured an Occupational Therapy presence in its new Adult Early Help Team. The role is solution focussed, and aimed at avoiding costly care packages.

4.3.5 In addition to the main Occupational Therapy Service, the County Council has a dedicated and directly employed OT Double-Up Team which undertakes reviews of adult service users who have complex moving and handling needs. The team aim to reduce existing double-up packages of care to single-handed care, or prevent single-handed care packages being increased to double-up.

4.3.6 The work of this team has delivered:

- Improved quality of life, dignity and well-being for service users and promotion of as much independence as possible for people who, otherwise, are very dependent on help and have very complex needs.
- 43% of service users report that their pain or discomfort has been reduced as the result of using alternative equipment.
- Existing double-up care packages reduced to single-handed care in 50% of cases - for some, or all, of the care calls.
- Weekly domiciliary care hours saved in 2015/16: 1388 (full year effect).
- Particular success in situations where people have live-in carers, who may have been joined by a second carer for some calls.

4.3.7 The financial outcomes have been;

Year	**Domiciliary Care Savings, including avoided costs (actual)**	**Domiciliary Care Savings, including avoided costs (full year effect)**
2014 - 15	£328K	£671K
2015 -16	£464K	£1.1m
2016 -17 to date	£466K	£505K

4.3.8 This represents considerable success, closely aligned with the Transforming Lives agenda. However, it should be noted that the absolute number of service users requiring double-up support is static, suggesting that without the double-up team this would be an increasing pressure and referrals for double-up care are increasing. Future projects for the Double-Up Team will include a focus on

Learning Disability clients and interventions in the care home sector.

Double-Ups	Apr	May	Jun	Jul
Number of service users with open double up packages	272	272	277	282
% Scheduled visits that are Double-Up	15.7%	15.1%	15.7%	16.1%
% Clients with scheduled visits that are Double-Up	12.5%	12.5%	12.8%	13.1%

5.0 EMBEDDING TRANSFORMING LIVES IN COMMISSIONING

5.1 The County Council commissions a wide range of services that support Transforming Lives: Healthy Ageing, Resilient Communities, Early Help and Carers. These services predominantly fit within Tier 1 and 2 (majority within Tier 2) of the Transforming Lives Strategy.

5.2 Each contract or grant requires the provider to deliver outcomes in line with the Transforming Live Strategy that support people to remain living independently in their own homes.

5.3 Examples of external contracts which have Transforming Lives principles embedded within them include:

- The Community Navigator service contract includes the provision of information and advice to people in a crisis situation – ensuring they receive the immediate support they need. This may be providing a volunteer to do their shopping and collect medication, or linking them with community activities in their own community, like a community car scheme.
- Disability Services regularly provide the support to people with a new or longstanding condition so, for example, a person who's sight has been significantly impaired will be provided with both practical and emotional support that will enable them to continue living in their own home.
- A range of Mental Health service contracts work alongside the clinical/therapeutic help from CPFT and the recovery pathway – for example, assisting people back into employment and providing the emotional and practical support needed for each individual living with a mental health illness.
- The Carers Trust contract provides support for carers to help them to continue to provide care, for example, a support helpline and the coordination of contingency plans in case of an emergency (known as 'what if plans').

6.0 TRACKING ACTIVITY IN MASH

6.1 As part of the Transforming Lives Programme, we have made changes to the pathway for safeguarding referrals with the development of the Adult Social Care team within the MASH. The new arrangements offer a co-ordinated, timely and consistent multi-agency response to new safeguarding concerns and an improved 'journey' for the adult at risk, with a greater emphasis on early intervention where harm has or is likely to occur. The MASH went live in April 2016 and under this new arrangement, all safeguarding referrals are now routed through the MASH rather than going straight to the teams.

6.2 A dashboard describing activity is below

Cambridgeshire CC Total	Apr-16	May-16	Jun-16	Jul-16	YTD	
TOTAL REFRRALS RECEIVED *(MASH Go-live 18/04/2016)*						
Total referrals received	**467**	**665**	**782**	**729**	2,643	
Risk Level *(started 01/05/2016)*						
0 - Does not meet SG criteria	**0**	**486**	**583**	**568**	1,637	75.2%
1 - Low level SG concern	**0**	**126**	**126**	**91**	343	15.8%
2 - Medium level SG concern	**0**	**41**	**57**	**45**	143	6.6%
3 - High level SG concern	**0**	**11**	**15**	**24**	50	2.3%
4 - High, organisational/large scale	**0**	**1**	**1**	**1**	3	0.1%
ACTION TAKEN						
Case management-Ambulance	**1**	**0**	**1**	**0**	2	0.1%
Case management - Early Help	**13**	**18**	**22**	**14**	67	2.5%
Case management - Fire	**0**	**0**	**0**	**1**	1	0.0%
Case management - Health	**21**	**18**	**17**	**18**	74	2.8%
Case management - MHT	**17**	**37**	**30**	**27**	111	4.2%
Case management - Other LA	**3**	**1**	**0**	**6**	10	0.4%
Case management - Police	**0**	**1**	**7**	**1**	9	0.3%
Case management - Team	**144**	**218**	**253**	**226**	841	31.8%
Information only	**29**	**40**	**91**	**98**	258	9.8%
NFA	**100**	**140**	**110**	**87**	437	16.5%
s42-MASH	**52**	**79**	**68**	**32**	231	8.7%
s42-Other	**1**	**1**	**2**	**4**	8	0.3%
s42-Team	**24**	**30**	**86**	**86**	226	8.6%
Safeguarding advice	**21**	**34**	**46**	**62**	163	6.2%
Soft concern	**13**	**19**	**31**	**60**	123	4.7%
Tier 1	**25**	**19**	**15**	**6**	65	2.5%
Tier 2	**3**	**10**	**3**	**1**	17	0.6%

6.3 The July 2016 data shows 31.8% of cases being referred to locality teams and a further 8.6% of cases going to teams to carry out a Section 42 enquiry. The requirement to carry out safeguarding enquiries is a new duty set out in Section 42 of the Care Act 2014. This activity information shows that nearly 60% of cases are being handled by the MASH, thereby reducing the workload in teams substantially. The capacity released can be reinvested in the social work practice and outcomes we want to see in the Transforming Lives programme.

7.0 OUTCOMES

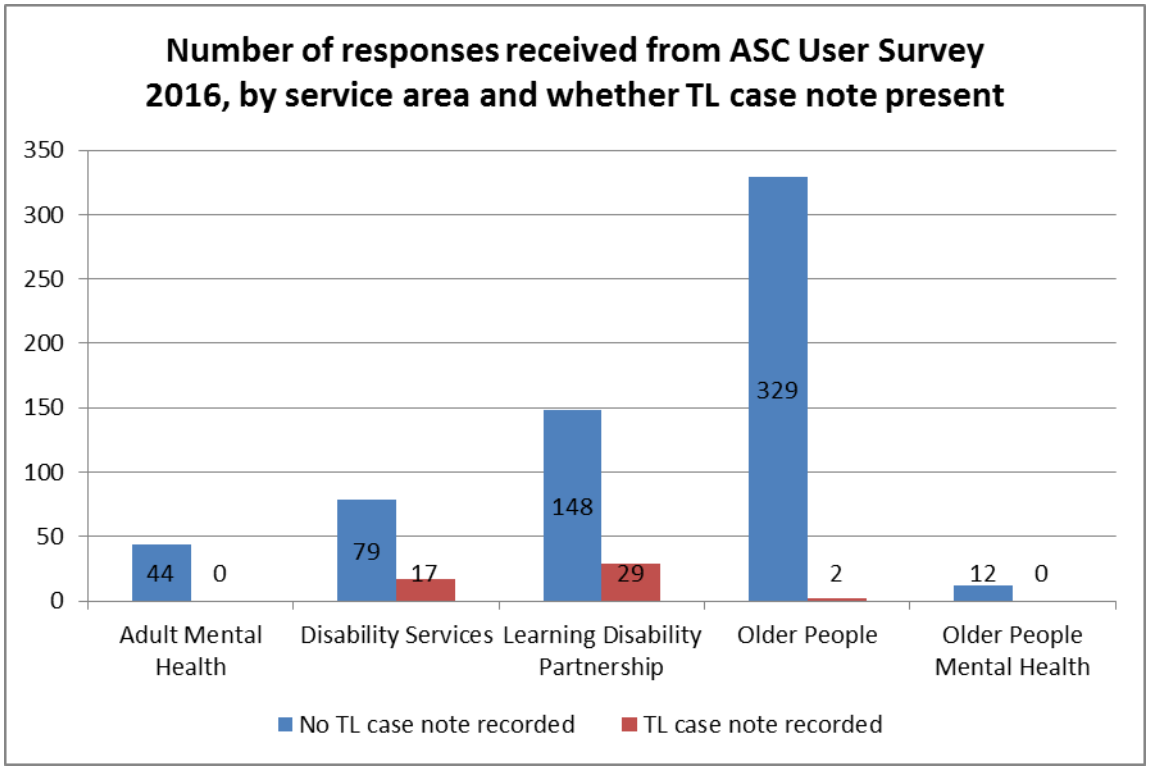
7.1 The Adult Social Care Service User Survey is conducted every year. This is a survey designed by the Department of Health which all local authorities with responsibility for adult social care are required to run. The questions included in the survey are helpful because they are standardised and a longer term series of results is now developing. Transforming Lives seeks to promote four outcomes – choice, control, independence and well-being. The questions have been reviewed and the following questions are in these areas specifically:

Area	Questions
Choice	Q.9a Which of the following statements best describes how you spend your time? Statements: 1. I'm able to spend my time as I want, doing things I value or enjoy 2. I'm able to do enough of the things I value or enjoy with my time 3. I do some of the things I value or enjoy with my time but not enough 4. I don't do anything I value or enjoy with my time
Control	Q.3a Which of the following statements best describes how much control you have over your daily life? 1. I have as much control over my daily life as I want 2. I have adequate control over my daily life 3. I have some control over my daily life but not enough

	4. I have no control over my daily life
Independence	Q. 15 1 I can do this easily by myself / 2 I have difficulty doing this myself / 3 I can't do this by myself • Do you usually manage to get around indoors (except steps) by yourself? • Do you usually deal with finances and paperwork - for example, paying bills, writing letters - by yourself? Q.18 Thinking about getting around outside of your home, which of the following statements best describes your present situation? Statements: 1. I can get to all places in my local area that I want 2. At times I find it difficult to get to all the places in my local area that I want 3. I am unable to get to all the places in my local area that I want 4. I do not leave my home
Wellbeing	Q.2a Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole? 1. So good, it could not be better 2. Very good 3. Good 4. Alright 5. Bad 6. Very bad 7. So bad, it could not be worse Q.8a. Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? 1. I have as much social contact as I want with people I like 2. I have adequate social contact with people 3. I have some social contact with people, but not enough 4. I have little social contact with people and feel socially isolated

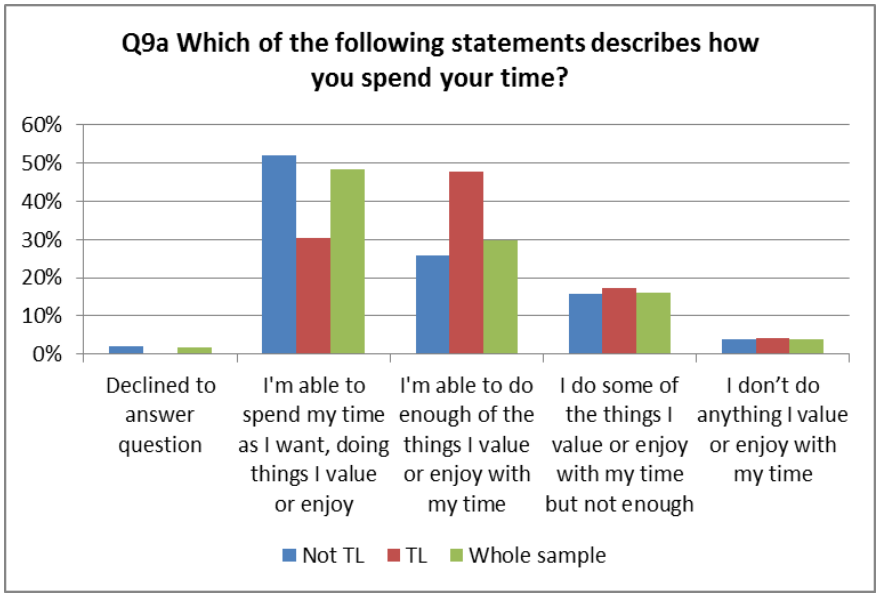
7.2 By using a Transforming Lives case note on someone's record, respondents to the questionnaire can be divided into a group of people who have been supported in a Transforming Lives way, and a group who have not. This methodology follows the way a 'treatment' and a 'control' group were defined in the previous paper on Transforming Lives evaluation.

7.3 In the sample of responses received, there are many more people who have a Transforming Lives case note in the Disability Services and Learning Disability Partnership service areas. Furthermore, there are many more responses from within the Older People's Service area (reflecting the relative differences in the number of service users). Therefore, the analysis below focuses on the Disability Services and Learning Disability Partnership in order to avoid introducing bias into the results.

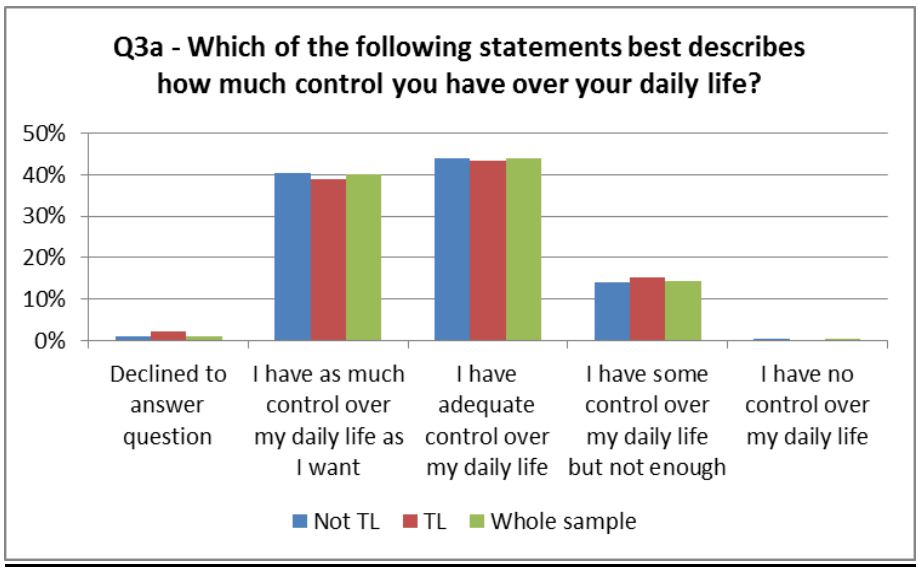


7.4 The charts below show the intial comparisons of responses from the Transforming Lives and non-Transforming Lives samples. At this stage the sample size of service users specifically recorded as being supported under transforming lives is comparatively small and we should therefore be cautious about drawing firm conclusions from the data. As the sample increases we will be able to monitor these identified differences between the feedback from people receiving the new approach and those supported under the previous approach – and test whether clear patterns and trends are emerging. This can be provided in future reports to the Committee

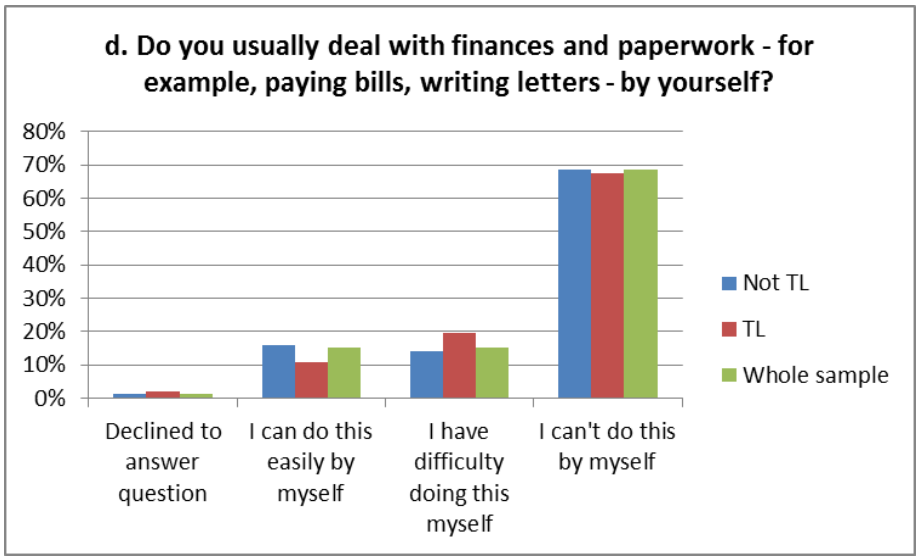
7.5 <u>Choice</u>

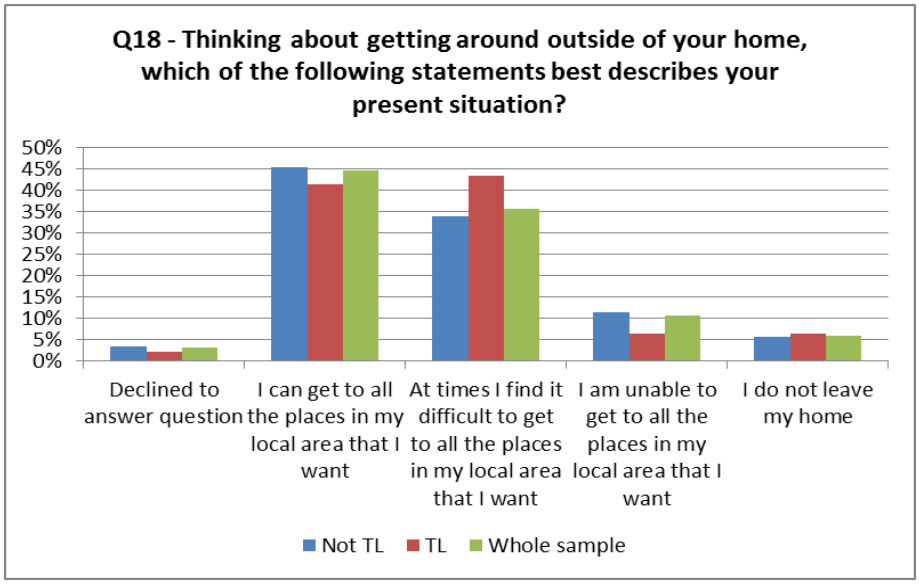


7.6 <u>Control</u>

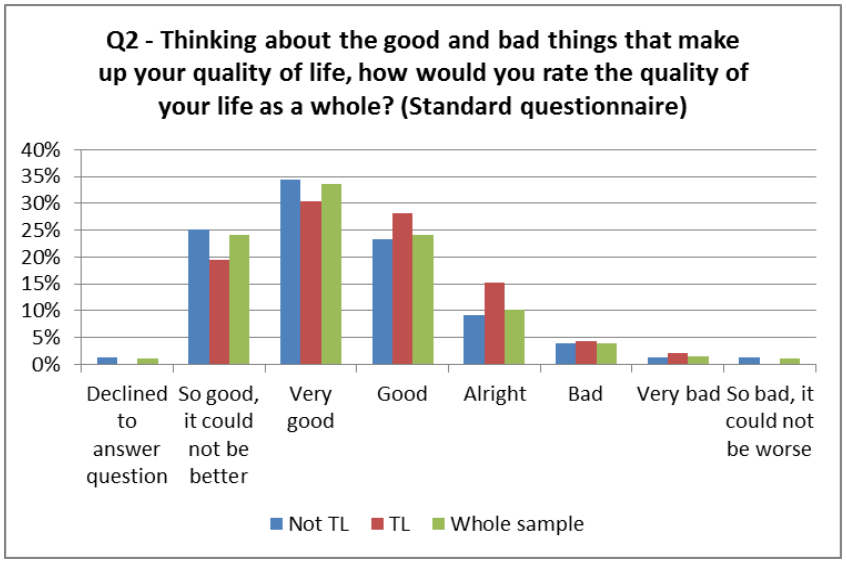


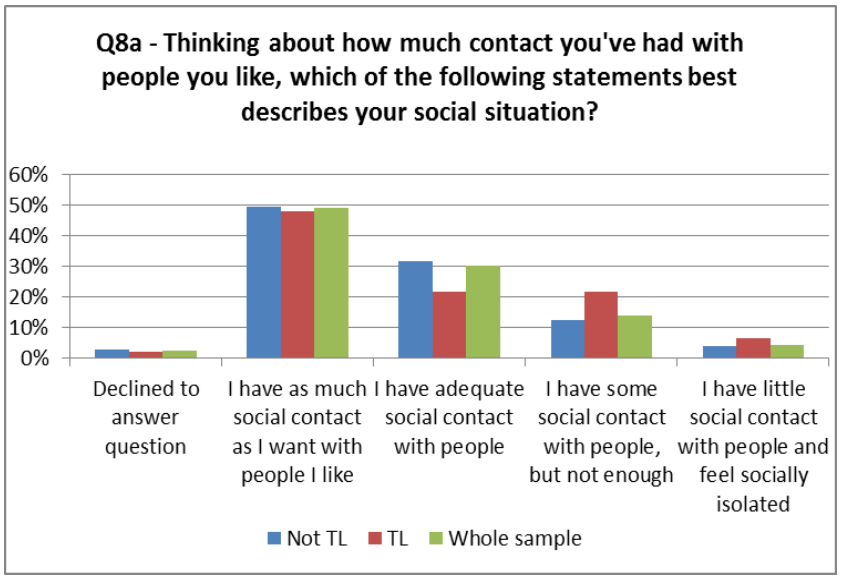
7.7 Independence





7.8 Wellbeing





7.9 Overall, the outcomes experienced by the TL group do not differ substantially from the non TL cohort – they tend to be the same pattern of results, with roughly the

same proportions of people answering similarly across the different cohorts. The results are often more polarised for the TL group – where a high proportion of people tend to agree with a statement, it is a larger proportion of people in the TL cohort, vice versa for lower proportions.

7.10 There are some outcome areas where there are notable differences. For the questions around 'choice' a smaller proportion of people agreed with the statement 'I am able to spend my time as I want, doing things I value and enjoy' than the average of the non-TL cohort. Whereas in 'wellbeing', a larger proportion of people supported under TL agreed with the statement that their quality of life was 'so good, it could not be better'.

7.11 Building on this initial analysis of questionnaire returns, a specific outcomes assessment tool will be developed that is based on these questions but also includes information from quality assurance audits and feedback from service users. The outcomes assessment tool will also include collection of data about the costs of each package in the sample. A systematic programme of these tests will allow a structured and consistent way of reporting outcomes.

8.0 HELPING PEOPLE TO FIND INFORMATION AND ADVICE

8.1 Tier 1 of Transforming Lives is about 'help to help yourself – information, guidance and signposting'. For the period April – July 2016, the Adults and Older People's section of the Cambridgeshire County Council (CCC) website had 58,974 page views. This includes use made by the public as well as our staff and those in partner agencies. Most hits were to the 'care and support' section (this includes content on the support available for carers), followed by the 'working together' section. This section provides content on areas such as policies, procedures, strategies and is aimed at staff and partners. The next highest number of page views were to the 'living at home' section and 'getting out and about'.

8.2 The data is also showing that more people are finding their way directly to the information they need as there are fewer page views of the general landing pages and more hits on the content pages. This reflects that search engines like Google are now more intuitive to our site and help people find things more directly as well as the impact of CCC's social media campaigns (e.g. around Reach Out, worried about trips and falls).

8.3 For some people, hard copy materials are necessary for them to access information. A small range of hard copy materials are printed each year. The Care and Support Services Guide 2016 is available in January each year and is our comprehensive offline guide. This year demand has increased and around 10,000 copies are already in use.

9.0 COMMUNITY EQUIPMENT INTERVENTIONS

8.1 In line with the Transforming Lives Strategy, we want people to remain safe, well and live independently for as long as possible. The provision of equipment is one way in which we can help people to do this. NRS Safe & Well (www.safeandwell.co.uk/cambridgeshire) is the means by which we help people to choose daily living aids, or guide people to other local services which may help to make their life easier at home.

9.2 Information and advice is provided by NRS's Occupational Therapist. For the six months (1 February 2016 – 31 July 20160) the OT completed 82 telephone

contacts and 12 home assessments for people who wished to purchase their own equipment. The telephone contacts are a mixture of full telephone assessments, taking people through all activities of daily living and highlighting where they have problems and what equipment/technology might help, through to brief calls about specific functional difficulties and offering advice as to suitable equipment that might help. The home visits have involved the OT assessing a range of needs including equipment provision but also assessment for housing adaptations (ramps, stair lifts, etc).

9.3 The OT has built links with local retailers so that he can direct people to their nearest or most appropriate shop/website to purchase equipment. The OT identifies when someone might be vulnerable and eligible for statutory services and makes the necessary onward referrals. The OT offers to send out leaflets and puts people in touch with voluntary sector organisations such as Age UK, Handyperson Service for example.

9.4 Some of the headlines from the Integrated Community Equipment Service (ICES) provided by NRS include:

- The ICES provides a service to an average of 5,000 adult service users per month
- On-time delivery performance remains on target
- The ICES pooled budget is due to achieve a balanced position at year end
- The recycling rate (by value of equipment) has increased from 83% to 89% demonstrating that a lot of equipment is returned and recycled

10.0 ALIGNMENT WITH CORPORATE PRIORITIES

10.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

10.2 Helping people live healthy and independent lives

Helping people to live health and independent lives is central to the Transforming Lives programme's aims and objectives and the paper provides an overview of the impact we are having on supporting these goals for adult service users. In particular, Section 6 describes how we have and will monitor these outcomes.

10.3 Supporting and protecting vulnerable people

The Transforming Lives approach will better ensure that we continue to use our resources to support the most vulnerable and those most in need of our support in our communities.

11.0 SIGNIFICANT IMPLICATIONS

11.1 Resource Implications

The implementation of the Transforming Lives approach is likely to contribute to the delivery of the business planning savings proposals by helping to prevent, delay and reduce the need for care and support. Community based interventions focused on prevention and targeted short term activities to increase independence and reduce ongoing packages will be particularly important.

11.2 **Statutory, Legal and Risk Implications**

The Transforming Lives approach will help us to meet our statutory duties outlined in the Care Act 2014.

11.3 **Equality and Diversity Implications**

The Transforming Lives approach aims to maintain access to support by the full range of communities in Cambridgeshire. The implications for fairness, equality and diversity are being considered throughout the development of this approach.

11.4 **Engagement and Communications Implications**

There are no significant implications within this category.

11.5 **Localism and Member Involvement Implications**

Localism is a key feature of the Transforming Lives Model and the involvement of all Members is essential if community capacity is to be developed to support the health and wellbeing of local people. This work is being developed under the 'Community Resilience' cross-cutting project.

11.6 **Public Health Implications**

The Transforming Lives approach seeks to have a positive impact upon the health and wellbeing of Cambridgeshire residents. Public Health colleagues will be involved in the development of the work. The emphasis on prevention of ill-health and preventing, reducing or delaying people's need for statutory social care support is aligned with Public Health objectives.

Implications	**Officer Clearance**
Have the resource implications been cleared by Finance?	Yes T Kelly
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Are there any Equality and Diversity implications?	Yes Name of Officer: Claire Bruin
Have any engagement and communication implications been cleared by Communications?	Yes Simon Cobby
Are there any Localism and Local Member involvement issues?	No
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer: Tess Campbell

Source Documents	**Location**
None	

APPENDIX 1 – ADULT EARLY HELP PERFORMANCE REPORT – JULY 2016

1.0 PURPOSE

1.1 The purpose of this report is to provide an update with the latest performance data for the Adult Early Help (AEH) and the impact current resourcing has had on the teams output. Also to describe current work to verify data reported directly from AIS.

2.0 DATA FROM THE TELEPHONY SYSTEM

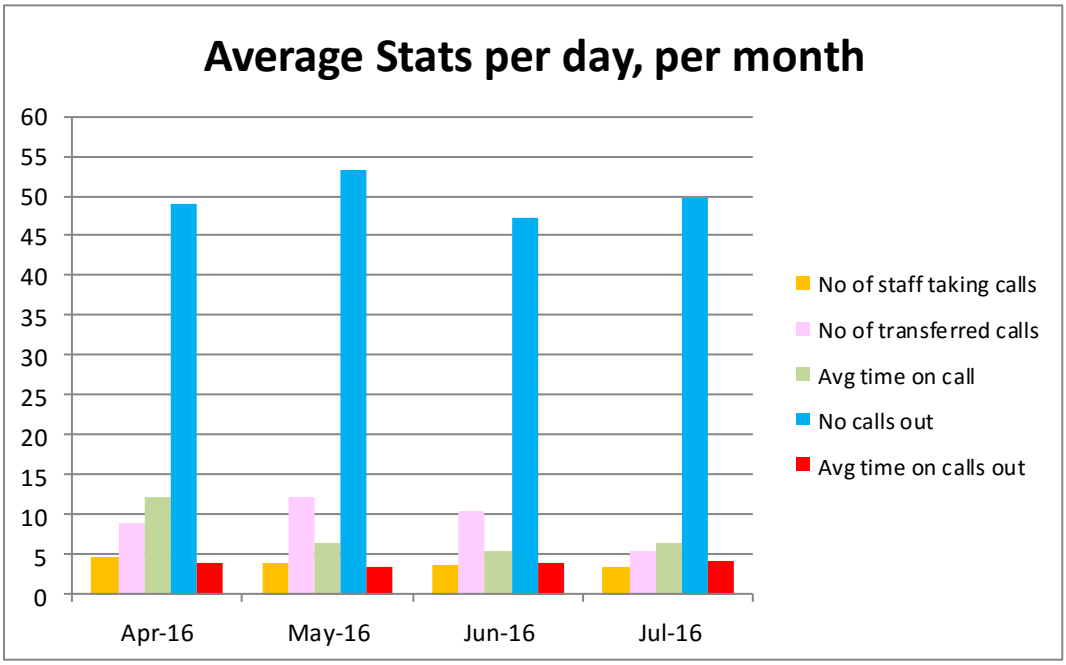
2.1 The telephony system in operation at the Contact Centre provides management information regarding a number of key areas. The following sections of this report compares data from April (11 April onwards), May, June and July 2016.

2.2 The data below looks at the following areas:

- How many staff were available to take live calls
- Number of live call transfers
- Average time on the call
- Number of abandoned calls
- Number of calls out
- Average time on calls out

2.3 It should be noted that the pressures caused by a long term sickness absence within the team reported to the June board continued throughout July and was compounded by the start of the holiday season by forward planned leave. This affected the availability of staff to take live calls. In order to support this we began using the Occupational Therapists (OT's) seconded to the team to assist in some non-OT cases.

2.4 The graph and table below shows the average numbers per day, per month.:



Month	No of staff taking calls	No of transferred calls	Avg time on call	No calls out	Avg time on calls out
Apr-16	4.60	8.80	12.27	49.10	3.95
May-16	3.88	12.24	6.34	53.29	3.39
Jun-16	3.77	10.41	5.53	47.18	3.90
Jul-16	3.40	5.33	6.48	49.67	4.14

2.4.1 As in previous months the average call length correlates with the lower number of Community Action Plans (CAPs) being completed compared to the number of case notes being completed (see section 3.4.1). A combination of a review of our process maps and a system of quality audits, spot checks and reviews of calls is being implemented and tested and full auditing will commence from September in order to ensure quality and correct use of the CAP in all relevant cases.

2.5 The number of live call transfers into the team dropped significantly from the emerging average of 10-12 calls per day to an average of 5.33 in July. This is a direct consequence of the staffing issues described in 2.3. We have found it extremely difficult to maintain a live presence available to take calls whilst keeping on top of waiting tasks and our overriding priority has been to ensure we contact everyone within 48 hours of their initial contact.

3.0 DATA FROM THE ADULTS INTEGRATED SYSTEM (AIS)

3.1 We are currently able to obtain the following information from reports that have been developed to extract data from AIS:

- Number of contact actions that the team receive
- Number of CAPs completed by the team
- Number of CAP follow-ups planned
- Number of CAPs sent to other teams (using AIS workflow)
- Number of CAPs sent to other teams (outside of AIS)
- Number of contacts forwarded directly to a long-term care team without receiving a CAP
- Number of contacts receiving T1 services and no further action

3.2 A meeting was held on July 5th between AEH and Danny Lee, Neil Cook and James Wilson to review the data reported from AIS and address the issues raised in the June AEH board report. Work progressed throughout July to attempt to further develop the quality and nature of reporting.

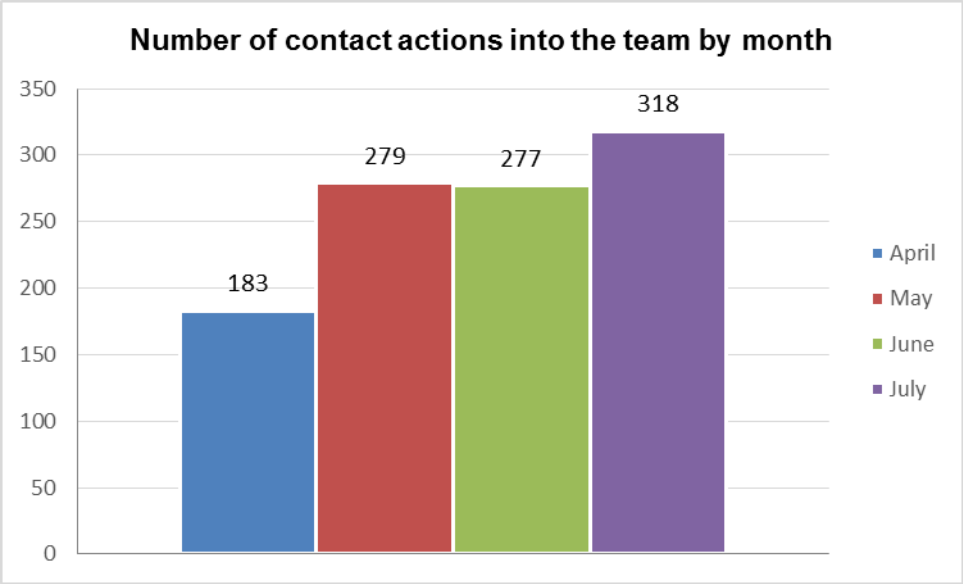
3.2.1 It should be noted that there remain some apparent discrepancies between the data reported directly from AIS and local data captured manually on a daily basis. This is notable in the number of referrals into and out of AEH. Our local count for example shows that in June there were 381 and July 418 compared to the 277 and 318 reported from AIS.

3.2.2 We commenced a detailed manual data collection on August 8th and will then use this to verify the data reported directly from AIS. Following this further work may be required to develop the AIS reports. A verbal update will be given to the board on progress.

3.2.3 It is also important to note that we have structured this report to show data by calendar month to give consistency with other reports. This is a change to previous reports which have shown data in whole working week periods. The data will therefore differ from previous reports but be consistent moving forwards.

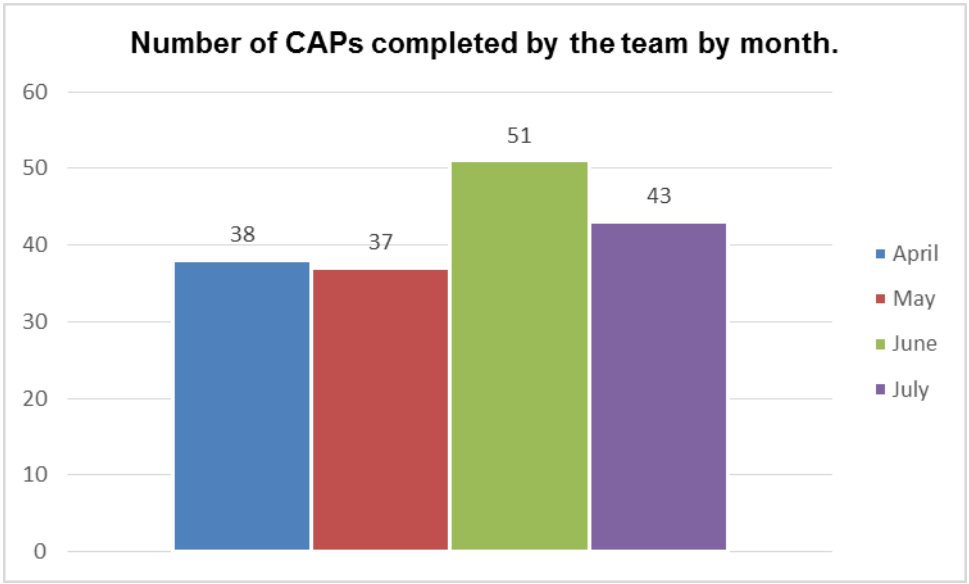
3.3 Contact actions into the AEH Team

3.3.1 The following graph outlines the number of contacts received into the AEH Team from 17 April 2016 to July 31st 2016. Whilst the majority of contacts are passed to the team from the Customer Service Advisers (CSAs) some have come directly from the Multi-Agency Safeguarding Hub and there are an increasing number of direct professional contacts to the team. The graph indicates that there were a similar number of referrals to the team in May and June but then there was a significant rise in July:



3.4 CAPs completed by the AEH Team

3.4.1 The graph below shows the number of CAPs completed per month as reported from AIS, this is being verified, see 3.2.1, as our local count suggests the number of completed CAPs to be higher (68 in June and 51 in July). The % comparison of case note completion to CAP completion remains disproportionately high and a review of our business processes currently underway will seek to address this.

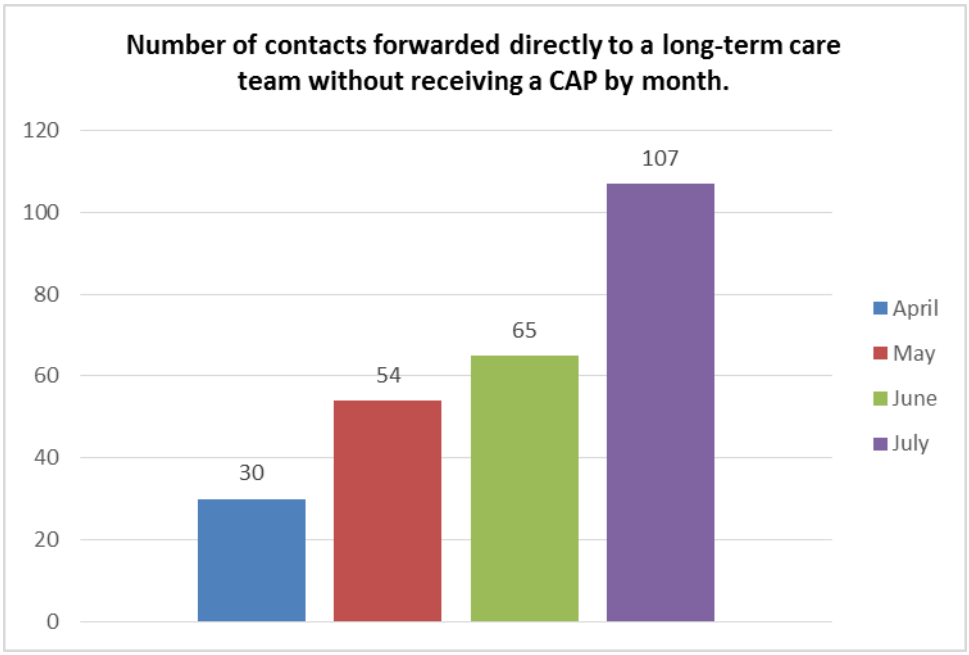


This shows that the number of CAPs completed in proportion to contacts received is:

- April – 20%
- May – 13%
- June – 18%
- July – 13%

3.5 Contacts forwarded directly to a long-term care team without receiving a CAP

3.5.1 The graph below shows the number of contacts forwarded directly to a social care team without a CAP from 17 April to July 2016.



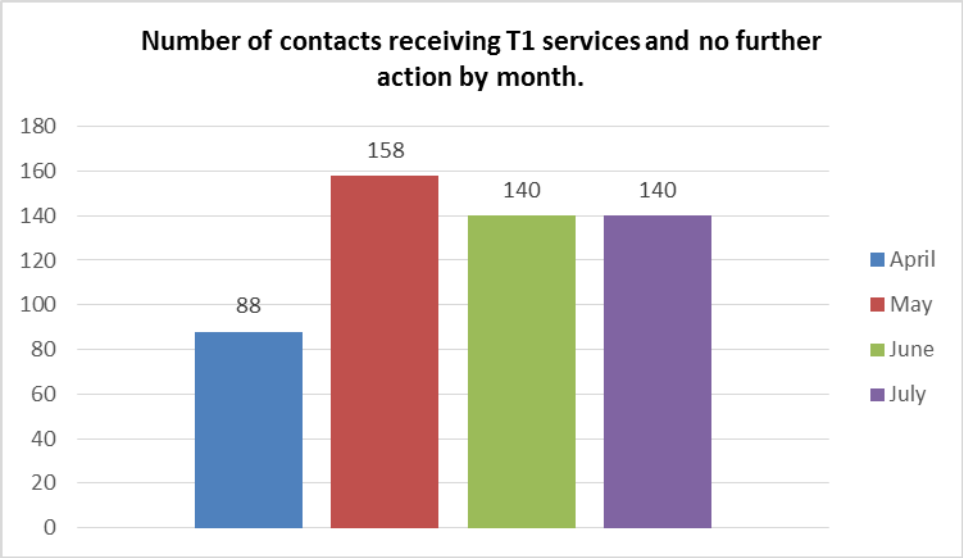
3.5.2 This shows that the number of referrlas to long term care completed in proportion to contacts received is:

- April –16%
- May –19%
- June –23%
- July – 33%

3.5.3 The rise in the number of referrals in July is a concern as it is counter to the aims of the AEH service. The limited team resources throughout July and increased number of contacts are likely to correlate to this rise. There are a number of other potential reasons for the rise and a review of all 107 cases in underway to identify any common themes that can be addressed with the team. A verbal update on this review will be given to the board.

3.6 Contacts receiving T1 services and no further action

3.6.1 The following graph shows those contacts that the AEH team have been able to resolve by giving information and advice and then closed. Following on from the recommendation at the last baord that we look at the nature of infomration provided to improve our oline services the AEH met with Michael Soper to support the LIP project's review of customer insight and objective of improving information availability between partner organsiations systems.



3.6.3 This shows that the number of contacts receiving T1 services completed in proportion to contacts received is

- April –48%
- May –56%
- June –50%
- July – 44%

3.7 Referrals to other teams providing Tier 1 and Tier 2 services

3.7.1 The below table shows the number of referrals sent to other teams from 17 April 2016 to July 2016.

Tier one/two referrals

	April	May	June	July
Assistive Technology	18	7	3	4
Carers Trust				2
Locality OT	4	6	5	10
Mash		1		
Sensory Services				2
Welfare Benefits	12	14	13	18
Community Health Service	10	4	2	2
Reablement	32	33	44	31
Voluntary Organisation	22	14	22	15
Totals	98	79	89	84

3.7.3 The review of data set out in 3.2.2 will verify the number of referrals made by the team to ensure all referrals are being captured.

3.9 Home Visits

3.9.1 Home visits began in May following set criteria based on need for OT assessment and or concerns over capacity or ability to participate in assessment over the telephone. A summary of the home visits is as follows:

Numbers of home visits completed – total 37

- May = 14
- June = 13

- July = 10

Who has completed visits

- OT = 11
- Social care = 25
- Joint OT & social care = 1

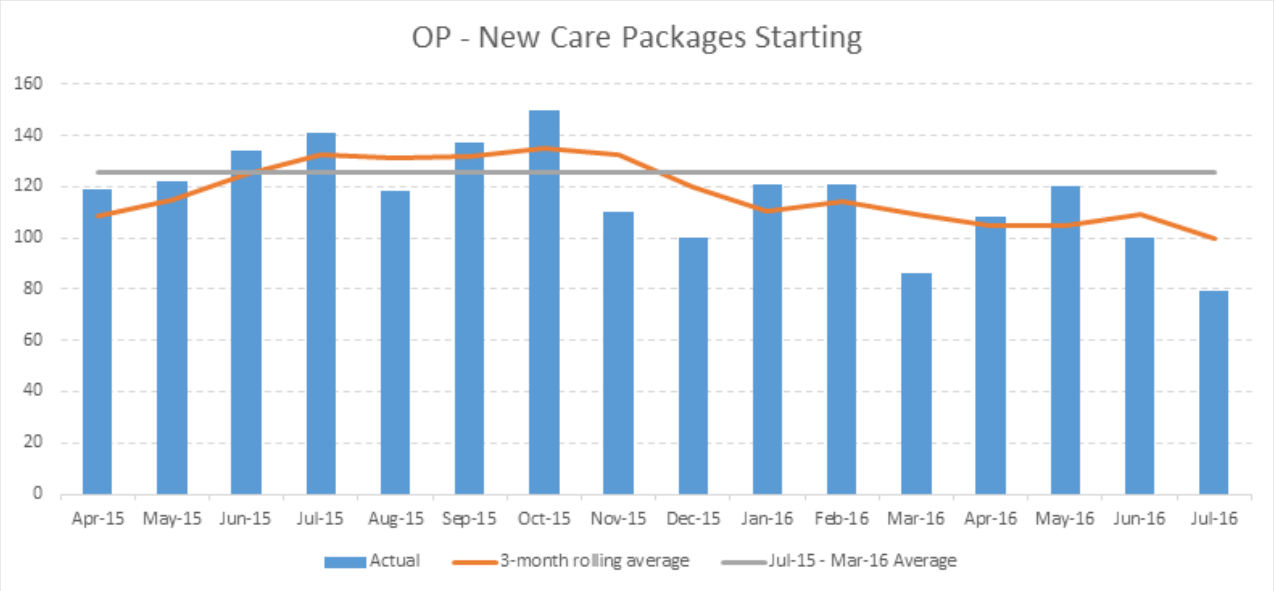
Outcomes of visits

- Hospitalised – 2
- Long term care needed – 4
- Long term care avoided -6
- Declined services – 3
- Equipment provided successfully – 7
- Equipment not suitable – 3
- Equipment not arrived - 1
- Assessed for property adaptations - 1
- Supported self-management / advice given – 4
- MDT meeting – 1
- Referral for tier 1 and 2 support - 5

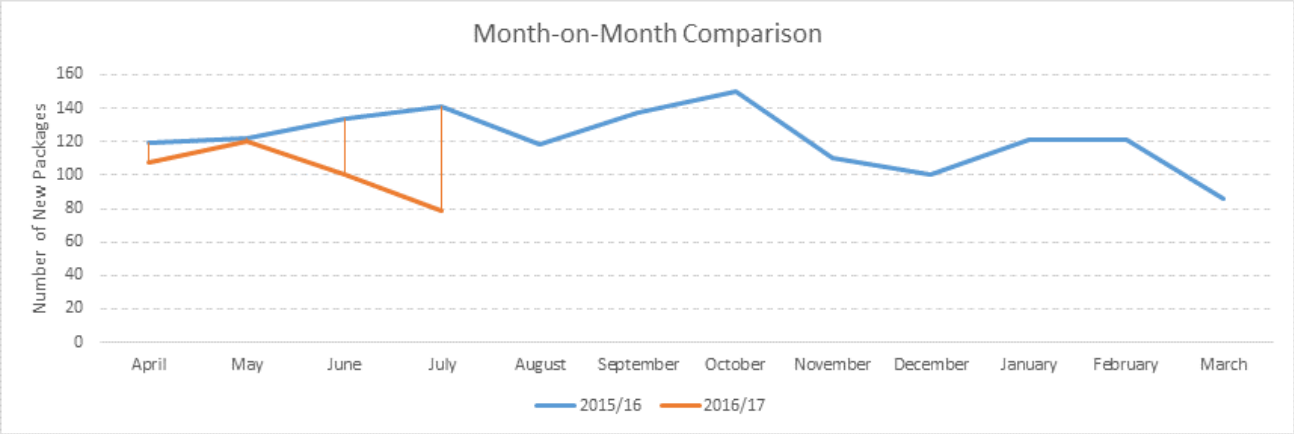
3.9.2 The reduced availability of staff throughout July is likely to have limited the number of home visits and resulted in some cases being referred directly to long term services for assessment where a home visit would have been required by the AEH team to gather information for assessment. This may have had the consequence of cases where there were concerns over a service user's capacity and consent being sent on to long term services for assessment (See 3.5.3).

4.0 Long term care packages

4.1 The following graph shows the number of new care packages starting within older peoples teams from April 2015 to July 2016:



4.2. This suggests a fall in the number of new care packages starting in June and July and may correlate to the impact of AEH. This is very early data and must be treated with caution as there could be a number of factors leading to this reduction. The difference is shown below comparing like to like months in 2015 and 2016.



4.3 We will continue to review this data and look for any emerging trends that indicate the impact of the AEH team's interventions. The initial suggestion is that there could be a clear and positive impact in reducing and/or delaying the progression of our service users' needs towards long term care.

5.0 NEXT STEPS

5.1 Following the outcome of the data verification exercise and any subsequent updates to the reports for the Adult Early Help team these need to be added to Business Objects so that AEH can run reports at any time to assist with the development of the service.

5.2 Presuming the review of local data and comparison to AIS data set out in 3.2.2 results in the need to review AIS data reports this will require further investigation and implementation.

5.3 The investigation of cases referred directly to long term teams set out in 3.5.3 is likely to result in various outcomes that will be addressed and reported back to at a future board meeting. This may involve establishing new processes within the AEH team.