TRANSFORMING LIVES UPDATE

To:	**Adults Committee**
Meeting Date:	**9 March 2017**
From:	**Executive Director, Children, Families and Adults**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** *Key decision:* **No**

Purpose:

> **To provide an update 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 In September 2016, the Committee received a report providing information on the progress of implementing the Transforming Lives approach. The information brought together in that report covered the main areas of activity that were being introduced as part of the approach. This report updates the Committee on the dataset presented previously.

1.2 The report uses the following datasets:

- Transforming Lives case notes (for Learning Disability and Physical Disability service users)
- Adult Early Help, Reablement, Occupational Therapy Double Up Team
- The provision of community equipment
- Multi-Agency Safeguarding Hub (MASH) referrals

1.3 The previous report introduced the opportunity to report on a subset of questions asked in the annual Adult Social Care Service User Survey, required by the Department of Health. Specific questions that had most resonance with the Transforming Lives approach were shared with the Committee. The survey closes in March and so the results are not available for this report. The results, with national benchmarking, are usually available at the end of the summer.

1.4 There may be some differences between the numbers in the charts and tables presented in this report, compared to those presented in September 2016. This is due to some retrospective recording and updating of contacts on the adult social care information system.

2.0 Tracking Activity through Transforming Lives Case Notes

2.1 The staff in the Learning Disability Partnership (LDP) and Physical Disability service (PD) continue to capture activity that fits with the Transforming Lives principles, identifying case notes that are recording conversations that relate to Tier 1 and 2 and other activity with a Transforming Lives type outcome.

2.2 <u>Learning Disabilities</u>

2.2.1 The table and chart below show that the number of Tier 1 conversations with people with learning disabilities reached a maximum level in August and dropped in December and January when the holiday period is likely to have led to less contacts with the team. The number of Tier 2 review conversations, where short term interventions are considered to address changes in need have increased in the last three months. In total, from April 2016 to January 2017 there have been 6,163 case notes recorded where staff have deployed the principles of Transforming Lives.

2.2.2

Case Note Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Non-TL type with TL outcome	13	118	106	41	48	28	16	50	80	37
TL – Tier 1 Conversation	44	174	268	668	765	750	666	634	441	433
TL – Tier 2 Conversation	24	63	77	102	78	83	59	71	47	62
TL – Tier 2 Review Conversation	3	6	15	12	10	4	9	20	19	19

Total	84	361	466	823	901	865	750	775	587	551

2.2.3

Learning Disability TL Case Notes - 2016/17 Year to date
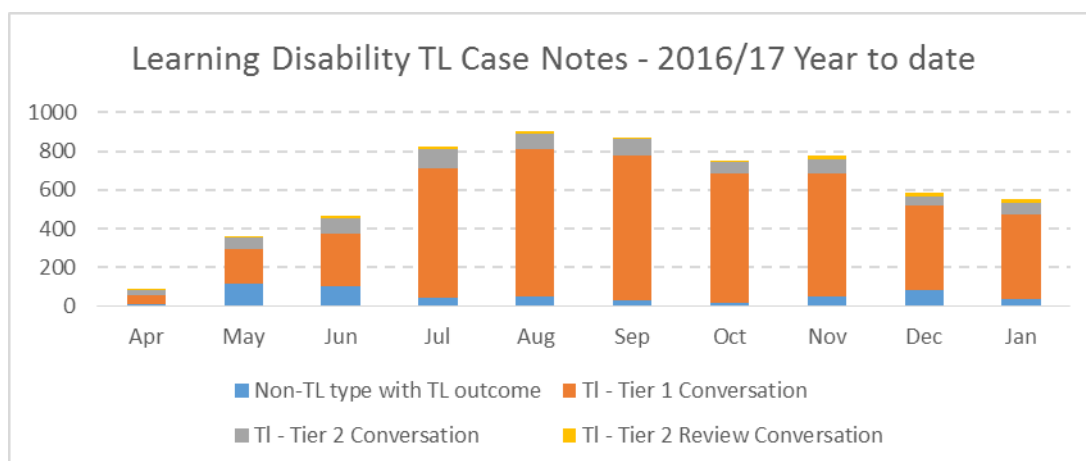
2.3 Physical Disability

2.3.1 The number of Tier 1 conversations with people with physical disabilities reached a maximum level in September and dropped in the autumn with a further drop in January. Tier 2 review conversations, where short term interventions are considered to address changes in need are recorded as zero from October to January, having been very low for the earlier part of the year. The reasons for the low level of Tier 2 review conversations are being investigated.

2.3.2 In total, from April 2016 to January 2017 there have been 739 case notes recorded where staff have deployed the principles of Transforming Lives.

2.3.3

Case Note Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Non-TL type with TL outcome	9	7	6	5	5	9	8	12	5	0
TL – Tier 1 Conversation	12	22	23	60	52	68	47	45	49	31
TL – Tier 2 Conversation	22	23	26	22	23	34	30	32	7	34
TL – Tier 2 Review Conversation	1	5	1	1	1	2	0	0	0	0
Total	44	57	56	88	81	113	85	89	61	65

2.3.4

TL Case Notes recorded by type 2016/17 - Year to date
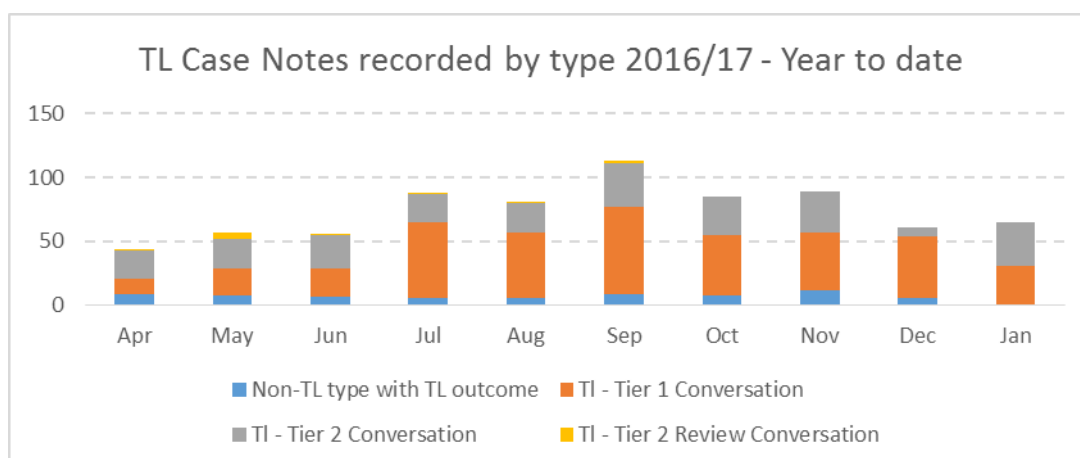
2.4 All Service User Groups

2.4.1 The table below shows the number of service users where a case note indicates that Transforming Lives principles have been used. It reflects the

different ways of approaching implementation.

2.4.2   LDP and Disability Services have focused on locality teams working across all tiers, recognising that the majority of service users in these teams will continue to require some level of ongoing care and support throughout their lives. The LDP teams, who were the first teams to introduce this way of working, have captured evidence of this approach being used with more than half of the current service users.

2.4.3   Older People and Older People Mental Health services took a different approach, developing different models of service delivery based on the Transforming Lives principles. This is why the number of case notes with evidence of TL is low in these services. The most significant development has been the Adult Early Help Team (AEH) but the continued focus on reablment,the Occupational Therapy Double-Up Team and the use of Assisted Telecare Technology (ATT) and community equipment have also contributed to implementing new ways of working. These areas of activity are discussed in Section 3 below. AEH and reablement offer Tier 1 and Tier 2 interventions and have been particularly successful in reducing the number of people being referred to the long-term teams. In addition, the long-term teams are referring existing service users who have lower levels of care and support needs to AEH when they contact the teams about changes in their situation. In this way, the long-term teams are using AEH to implement Tier 1 and Tier 2 interventions with existing service users. This activity is captured within the data for the AEH team in Section 3.

2.4.4   Colleagues in Cambridgeshire and Peterborough NHS Foundation Trust have embedded the Transforming Lives principles within their model of recovery and there is further work to be done to confirm the most appropriate way to capture activity that reflects the combined approach.
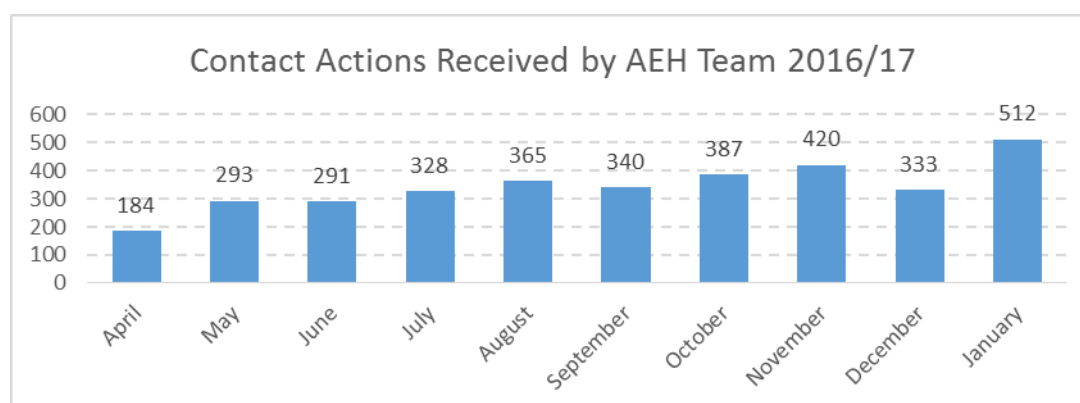
2.4.5

Service	People with open long-term services at 31/01/17	Number of those people with a TL case note.	Proportion of caseload with TL case note.
Adult Mental Health	417	3	0.7%
Disability Services	676	174	25.7%
Learning Disability Partnership	1579	872	55.2%
Older People	3264	78	2.4%
Older People Mental Health	247	3	1.2%
Total	**6183**	**1130**	**18.3%**

3.0   TRACKING ACTIVITY IN OLDER PEOPLE'S SERVICES

3.1   Adult Early Help Team

3.1.1   The Adult Early Help Team (AEH) has seen the number of referrals rising steadily since the service went live in April 2016, rising from 184 in the first month to 512 in January 2017. There was a reduction in activity in December 2016, coinciding with the Christmas holidays. The significant increase in January 2017 reflects increases seen at the Contact Centre following the Christmas holiday period.

3.1.2

Contact Actions Received by AEH Team 2016/17

| April	May	June	July	August	September	October	November	December	January
184	293	291	328	365	340	387	420	333	512

3.1.3   The monitoring of the outcome following involvement by AEH shows that there continues to be significant diversion away from the long-term care teams, with around 17% of people having a Community Action Plan and around 49% of people receiving a Tier 1 response, such as advice and information. The proportion of referrals passed directly to the long-term care teams has reduced from the previous report, from 23% to only 18%. This positively reinforces that AEH is having an impact in responding to people in different ways and reducing the need for onward referral to the long-term care teams.

3.1.4

|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Number of referrals received by AEH Team	184	293	291	328	365	340	387	420	333	512
Community Action Plans (CAPs) completed (Tier 2 response)	38	38	53	44	40	36	51	77	83	141
Contacts resulting in Tier 1 response only	89	157	140	137	186	197	211	203	148	239
Contacts referred directly on to long-term care teams	30	53	62	107	66	63	63	71	41	61

3.1.5   The graph below shows that the overall number of referrals to the older people and physical disability long-term care teams i.e. all referrals to these teams, not just referrals from AEH, had continued to decrease through to September. In October, however, the numbers of referrals increased and have continued to be close to the 2015/16 levels. Despite this, the average number of referrals for 2016/17 has been lower than 2015/16, at 136 per month, rather than 147 each month.

3.1.6

Referrals to OP & PD Services
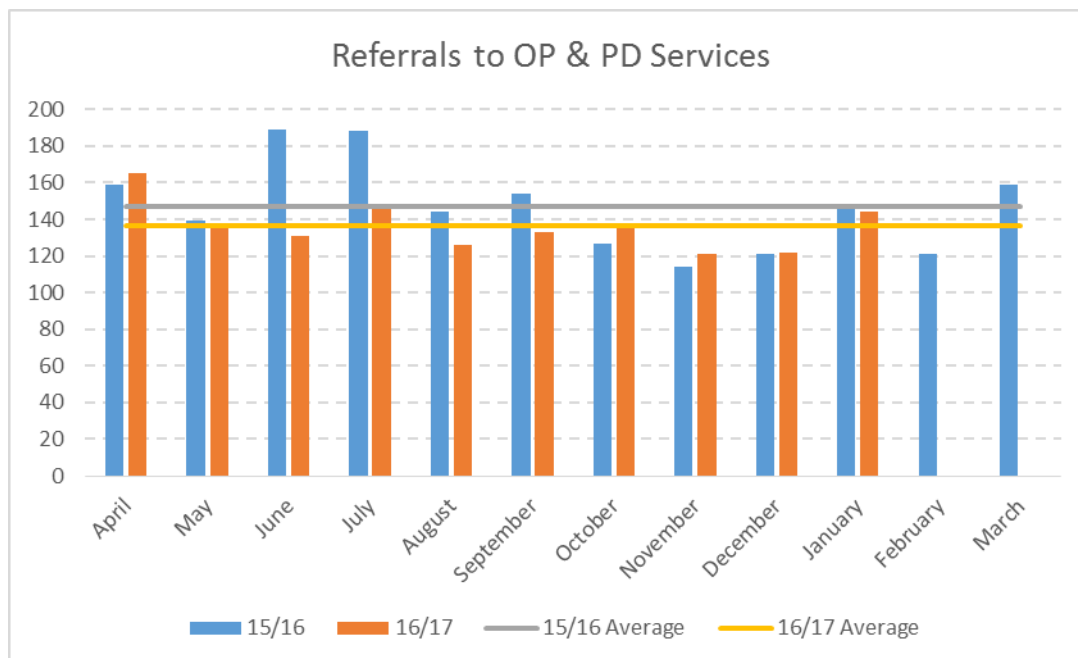
3.1.7 The graph below helps to offer an explanation as to why overall referrals to long-term older people's teams have gone up while referrals from AEH have reduced. This graph shows that the numbers of people in receipt of long-term care in the community has reduced. This is the cohort of people who are most likely to be benefiting from AEH and are not yet needing long-term care because of the positive impact of the interventions from AEH. In contrast, the number of people in long-term nursing home placements has increased through the year, with 20 more people supported in nursing homes in December than in April 2016. The referrals for this cohort of people are most likely to come from the acute hospitals or residential care homes, where people are now needing to move into a nursing home because of increased need.

3.1.8

OP & MH service users in receipt of long-term services
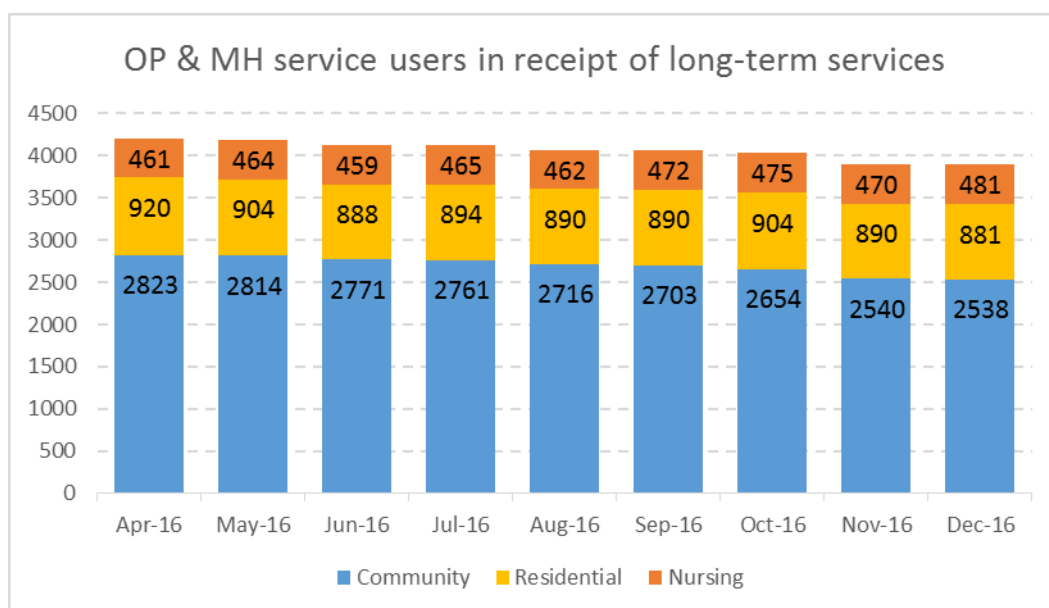
3.2 Reablement

3.2.1 The Reablement Service has continued to perform well in suporting people to regain skills and confidence with the proportion of people who were independent and did not need any ongoing care reaching 56.5% inQuarter 3.

However, the proportion of people requiring a reduced package to maintain their independence had dropped from 9.1% in Quarter 1 to 6.8% in Quarter 3.

3.2.2

	Q1 Average	Q2 Average	Q3 Average
% of people finishing a RBT episode as independent	53.7%	54.8%	56.5%
% of people finishing an RBT episode with a reduction	9.1%	7.5%	6.8%
Cumulative % of "reablement" hours delivered	59.5%	60.3%	58.2%
Cumulative % of "mainstream" hours delivered	22.8%	23.4%	25.3%
Cumulative % of "end of life" hours delivered	1.3%	1.0%	0.9%
Cumulative % of "supported recovery" hours delivered	10.2%	9.8%	9.9%
Cumulative % of "admission avoidance" hours delivered	5.6%	4.0%	2.7%
Median length of stay in reablement in weeks	2.3	2.2	2.3

3.2.3 The number of hours of reablement delivered has been falling steadily as the number of mainstream domiciliary care hours delivered by the teams has increased. This reflects the ongoing challenge of sourcing sufficient home care capacity from the independent sector home care agencies. A number of initiatives have been put in place including a Home-based Transition Service focused on picking up people who are ready to move on from Reablement, but demand across the health and social care system has meant that the pressure on the Reablement Service has continued. In addition, recruitment continues to be a challenge for the Reablement Service and reduces the capacity to provide this valuable service.

3.3 Occupational Therapy (OT) Double-UP Team

3.3.1 The OT Double-up team have continued to make progress in reducing the number of people receiving double up domiciliary care packages. December saw the number of people receiving double-up care falling to 315, the lowest figure to date in 2016/17. The Quarter 3 average dropped to 320 people from 333 in Quarter 1.

3.3.2 The relatively low spend on community equipment by this team (around £100K per year) continues to drive savings and avoid the introduction of double-up care for new people or for existing people when needs increase. The anticipated savings through to the year end from current home care expenditure and avoided costs is around £500K.

3.3.3

	Q1 Average	Q2 Average	Q3 Average
Service Users with open double-up packages at period end	333	334	320
% of visits that were double-up visits	13.3%	13.5%	13.2%
% of clients receiving double-up visits	11.5%	11.5%	11.2%

3.4 Assistive Telecare Technology

3.4.1 Through to November, the general trend for the number of service users

receiving an intervention from the ATT team had been increasing. The team have been working closely with AEH to enable people to retain their independence. The team have also started to implement the "Just Checking" Assessment Tool (JCAT) that has been used successfully in the LDP, in particular to reduce the need for waking night staff. JCAT uses a system of motion sensors deployed in a service user's home, which provide data on the activity of the service user and help professionals to determine what assistive technology equipment could be used to support the person and what would be an appropriate care package to complement the equipment.

3.5   Integrated Community Equipment

3.5.1   The table below shows the number of adults receiving a service from ICES per month in 2016/17. There is a clearly an increase in the number of people receiving services in November and December compared to the rest of the year. This reflects the demand through the winter and shows that community equipment is being actively used when services respond to demand.

3.5.2

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
ADULTS	2918	2838	2934	2428	2606	3082	2657	3460	4399	3100

3.5.3   The provider of community equipment, Nottingham Rehab Services (NRS), delivers 90% of equipment within the required timescales of either 'next working day' or within 5 working days depending on assessed need. The recycling rate for equipment has continued to perform well, at 88%.

3.5.4   Community equipment plays an important part in the preventative work of the Council, with Occupational Therapists arranging for equipment following direct referrals as well as working within AEH, Reablement and the OT Double-Up Team. In addition, community equipment is critical to supporting people to continue to live in their own homes when their needs increase and they require long-term care.

4.0   TRACKING ACTIVITY IN THE MULTI-AGENCY SAFEGUARDING HUB

4.1   The adults' team in the Multi-agency Safeguarding Hub (MASH) has been operating since April 2016, providing a consistent approach to all safeguarding adult concerns, liaising with the Police and other agencies as necessary, and advising the next steps in responding to the concerns. The dashboard of activities within the MASH is shown below.

4.2

Cambridgeshire CC Total	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD	%
Total referrals received	467	665	786	771	838	732	767	727	725	765	7243	
Average per working day	22.2	33.3	35.7	36.7	38.1	33.3	36.5	33.0	36.3	36.4	34.2	
Risk Level *(started 01/05/2016)*												
0 - Does <u>not</u> meet SG criteria	0	475	565	549	586	506	532	550	532	584	4,879	72
1 - Low level SG concern	0	137	147	149	177	135	148	101	115	82	1,191	18
2 - Medium level SG concern	0	41	58	47	49	64	66	55	59	71	510	8
3 - High level SG concern	0	11	15	25	21	22	20	21	13	26	174	3

4 - High, organisational/large scale	0	1	1	1	5	5	1	0	6	2	22	0.3
ACTION TAKEN												
Case management- Ambulance	1	0	1	1	0	0	0	1	0	0	4	0
Case management - Early Help	13	18	22	15	34	18	23	16	35	39	233	3
Case management - Fire	0	0	0	1	0	1	0	0	0	1	3	0
Case management - Health	21	18	17	20	12	11	22	9	13	15	158	2
Case management - MHT	17	37	30	27	26	20	25	32	13	19	246	3
Case management - Other LA	3	1	0	6	2	0	2	1	0	0	15	0
Case management - Police	0	1	7	1	1	2	0	1	0	1	14	0
Case management - Team	144	218	253	231	300	229	206	206	215	189	2,191	30
Information only	29	40	91	103	74	65	105	90	92	107	796	11
NFA	100	140	111	98	82	124	116	111	90	148	1,120	15
s42-MASH	51	78	69	37	24	28	34	31	23	16	391	5
s42-Other	1	3	3	5	10	6	13	12	5	6	64	1
s42-Team	25	29	85	88	172	106	93	79	80	80	837	12
Safeguarding advice	21	35	46	61	39	35	24	58	63	69	451	6
Soft concern	13	19	33	70	55	76	91	63	85	73	578	8
Tier 1	25	18	15	6	7	11	13	17	11	0	123	2
Tier 2	3	10	3	1	0	0	0	0	0	2	19	0

4.3 The January 2017 data shows 30% (31.8% in July 2016) of cases being referred to long-term care teams and a further 12% (8.6% in July 2016) of cases going to teams to carry out a Section 42 enquiry, as required under the Care Act 2014. As in July, approximately 60% of the concerns coming into the Adults MASH are being handled by the MASH team rather than being dealt with within the long-term care teams freeing up capacity in these teams to focus on the more complex safeguarding cases and assessment and review work for people who require support from the long-term care teams.

5.0 CONCLUSION

5.1 The data set continues to demonstrate evidence of the implementation of Transforming Lives principles through a range of developments that complement and support the cultural change required across all teams. The report highlights how developments such as AEH play a key role in changing our approach for older people, responding to people when they first make a referral. In contrast, the LDP, who work with a cohort of people who receive services over many years, with the majority moving through from children's services or education, have had to focus on how to work differently with existing service users.

5.2 A recent review of the programme overseeing the implementation of Transforming Lives confirmed that the individual projects had either been completed e.g. setting up AEH or were progressing well enough to be passed

to other appropriate groups to complete, including through 'business as usual'. The cultural change aspect has been progressing well, but, as expected, requires ongoing work. This work has been combined with the work of the adult social care practice governance group that oversees the changes in practice to support the Transforming Lives approach. This group will report into the revised Transforming Lives (Adults) Programme Board which provides the governance for the ongoing transformation of adult social care, reflecting the business cases that have been prepared and presented through the business planning process for 2017/18.

6.0   ALIGNMENT WITH CORPORATE PRIORITIES

6.1   Developing the local economy for the benefit of all

There are no significant implications for this priority.

6.2   Helping people live healthy and independent lives

Helping people to live healthy 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.

6.3   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.

7.0   SIGNIFICANT IMPLICATIONS

7.1   Resource Implications

7.1.1   The implementation of the Transforming Lives approach will 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 continues to be particularly important.

7.2   Statutory, Legal and Risk

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

7.3   Equality and Diversity

7.3.1   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 considered through the implementation of the approach.

7.4   Engagement and Communications

7.4.1 There are no significant implications within this category.

7.5 **Localism and Local Member Involvement**

7.5.1 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 is being developed through the Community Resilience cross-cutting project.

7.6 **Public Health**

7.6.1 The Transforming Lives approach seeks to have a positive impact upon the health and wellbeing of Cambridgeshire residents. 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?	No Name of Finance Officer: T Kelly (Adults)
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	No Name of Legal Officer: Lynne Owen
Are there any Equality and Diversity implications?	Yes Name of Officer: CFA Service Director
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Are there any Localism and Local Member involvement issues?	Yes Name of Officer: CFA Service Director
Have any Public Health implications been cleared by Public Health	No Name of Officer: Tess Campbell

Source Documents	Location
NONE	