

ADULTS POSITIVE CHALLENGE PROGRAMME

To: **Adults Committee**

Meeting Date: **10th January 2019**

From: **Charlotte Black, Service Director: Adults and Safeguarding, People and Communities**

Electoral division(s): **All**

Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **To update the Adults Committee on the progress of the Adults Positive Challenge Programme**

Recommendation: **Adults Committee is asked to note and comment upon the information contained in this report**

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1. BACKGROUND

- 1.1 Further to the previous update to Adults Committee in September 2018, this report is to provide an update on the progress and impact of the Fast Forward Programme, and an update on the Adults Positive Challenge Programme (APCP) more generally, including the emerging picture of impact and mechanisms for understanding this going forward.

2. MAIN ISSUES

2.1 Fast Forward Update

- 2.1.1 The fast forward programme of work was designed to accelerate several of the demand management opportunities identified through the Outline Business Case (OBC) produced by the consortia of CapGemini and iMPOWER which was presented to Adults Committee in March 2018.
- 2.1.2 Further to the update provided in September, the web page work has now concluded and the other areas of work continue and will flow into the longer term programme delivery plans (see below) at a broader scale. An update on the impact of this work, and plans for the next stage of this work, are provided below.
- 2.1.3 In total seven web pages were developed and launched as part of the Fast Forward work:
- an adults landing page <https://www.cambridgeshire.gov.uk/residents/adults/>
 - community support <https://www.cambridgeshire.gov.uk/residents/adults/care-and-support/planning-your-care/community-support/>
 - help in a crisis, <https://www.cambridgeshire.gov.uk/residents/adults/help-in-a-crisis/>
 - worried about someone, <https://www.cambridgeshire.gov.uk/residents/adults/care-and-support/worried-about-a-friend-or-family-member/>
 - assessments - <https://www.cambridgeshire.gov.uk/residents/adults/care-and-support/planning-your-care/your-assessment/>
 - help with meals - <https://www.cambridgeshire.gov.uk/residents/adults/staying-independent/help-with-meals-for-adults-and-older-people/>
 - end of life - <https://www.cambridgeshire.gov.uk/residents/adults/planning-ahead/your-healthy-future/end-of-life-care/>
- 2.1.4 The pages went live through July and August, with the evaluation period covering July, August, September and October. It is challenging to evaluate the impact of the web pages in isolation of other initiatives. However, desirable demand trends have been identified through the web analytics, and subsequent calls to the contact centre, referrals to early help and requests for assessment.
- 2.1.5 Specific findings include;
- 18% increase in the length of time visitors spend on the ASC landing page
 - Significant drop in requests for assessment both year on year and in the months since the new pages launched
 - High bounce and exit rates for information and advice pages, suggesting that visitors are then exiting to signposted sites

- 2.1.6 It should be noted that whilst there have been some anomalies in flow data in September 2018 due to the launch of MOSAIC, it is unlikely that this would have had a significant impact on the public web data, and contact centre calls recorded.
- 2.1.7 A number of Technology Enabled Care [TEC] focus groups have been held with representatives from a range of front line adult teams who have provided a range of different viewpoints as to what their vision of TEC is and barriers to getting there. We have engaged with the Communication Team who are working through some practical ways to provide engaging case studies to increase awareness and confidence in TEC. Following feedback from the focus groups, the TEC team have been able to make some changes to the TEC First training that is offered to staff, and are creating some focused bite sized training that will be trialled in the next sessions. In the new year, the focus groups will be evaluated, with a view to building on the shared learning and practices that have already developed.
- 2.2 **Adults Positive Challenge Programme (APCP)**
- 2.2.1 Alongside the delivery of the Fast Forward Programme, a significant amount of work has been progressed to define the programme of change that will deliver benefits in 2019/20 and 2020/21 across Cambridgeshire and Peterborough. The programme will see both Councils transition to a strengths and assets led system of delivery; positively managing demand by addressing people's needs earlier to prevent them from escalating, empowering people to do more for themselves and building resilient and self-sufficient communities which will mean that people have greater independence and better outcomes, with different or less intervention from the state.
- 2.2.2 At this stage plans are focused on 8 areas:
- a. Changing the Conversation – a focus on maximising independence at every interaction and embedding a strengths based approach in practice.
 - b. Re-ablement – short term interventions to prevent or lessen ongoing need
 - c. Technology Enabled Care [TEC] maximising use of technology and equipment
 - d. Carers – proving timely and proportionate support
 - e. Commissioning
 - f. Mental Health Enablement
 - g. Learning Disability Enablement
 - h. Neighbourhoods
- 2.2.3 Work with frontline staff is starting to deliver cost and demand impacts. This follows the changing the conversation sessions, and further embedding work, that has been delivered with frontline staff in multiple teams. To date this work has been delivered with the long term care teams in Huntingdonshire, Fenland, the physical disabilities team, and the new promoting wellbeing (overdue reviews) team.

- 2.2.4 The promoting wellbeing (reviews) team as at 19th November have completed 218 reviews on packages totalling £4.526m per annum. Previous review exercises have typically resulted in 3% increase in package value (c£135k for the packages reviewed). Of the cases reviewed to date there is projected to be a net annual increase of £7.2k per annum – conservatively this represents a cost avoidance benefit of £127.8k. However following review a package size has increased we might also expect that further costs from an urgent unplanned intervention may have been avoided also.
- 2.2.5 As set out in a previous update to committee the changing the conversation workstream focuses on working closely with frontline staff. In the first instance this is through practice development sessions with staff working through real scenarios to identify opportunities to prevent, reduce and delay demand, whilst maximising independence. These sessions are then followed by weekly huddles, which are peer to peer reflection sessions focusing on a small number of cases each week.
- 2.2.6 The financial impact of the changing the conversation work is being tracked through the trajectory management analysis described below. Alongside the quantitative impact, there has been strong qualitative feedback from staff, who have responded positively to the practice focus supported through this work. The examples below is illustrative of the outcomes and impact being achieved by frontline staff using this approach;
- 2.2.7 *'Notification received of potential financial abuse and a substance misuse situation in the household of an older person. Allegations were against a family member who is also an informal carer. Social care worker brought the case to the huddle to discuss her proposed approach and the risks she had considered as part of this. Following the discussions and input from colleagues, she took a different approach and was able to get assurances the person was safe and well, without any negative consequences to the family relationship or informal caring role. The service user was satisfied that she had been heard and listened to, the family relationship was not impacted, and the informal caring role was maintained'.*

2.2.8 Huddle impact – a case study

- Wife providing care for end of life husband. Their wish is that he remain at home.
- 'Mrs X' declining any support for herself but clearly becoming exhausted.
- Social Worker wanted to support wife to avoid carer breakdown.
- Discussed at huddle and the team had a number of suggestions (which drew on the behavioural science framework, particularly around incentives) to encourage 'Mrs X' to look after herself so she could continue her caring role.
- Update today:
 - Has a carer's assessment and plan
 - Continues to support as much of her husband's care as she can.
 - He continues to be cared for at home
- NB - Continuing Health Care assessment has been completed.

- 2.2.9 Work with frontline staff has also included a significant focus on embedding technology enabled care (TEC) first thinking into all client and public conversations. In first half of the 2018/19 financial year referrals to the TEC team have increased by 17.5% compared to 2017/18. Analysis of referral sources highlights that key teams have had a step change in their referrals to the TEC team including a year on year increase of 162% from the reablement team and a 58% increase from older people locality teams.
- 2.2.10 There are a number of key enablers of success for the APCP that sit outside of Adult Social Care, and a Council-wide approach to the programme has been established to ensure that the interdependent areas of the business work together to deliver the programme ambition. Work to align some of the existing digital plans and activities with APCP, and explore new areas for development to empower people to be in control of their care and wellbeing is underway, and Business Intelligence are developing the Trajectory Management with external experts in this field to enable an in depth understanding of cost and demand flows across the system. Collaborating with other parts of the organisation, and system to deliver the ambition of APCP will continue to be a key area of focus moving forward.
- 2.2.11 In September 2018, General Purposes Committee (GPC) approved a Transformation Fund Investment of up to £3m for the period to April 2021 to support the delivery of the approach in Cambridgeshire. Investment will be accessed in tranches, supported by clear business cases, to support the programme as it progresses.

2.3 Programme Impact

2.3.1 The impact of the APC Programme will be monitored via a 'trajectory management' approach as a key part of the governance arrangements; this will provide a clear understanding of the cost and demand shifts happening as a result of the programme and will form the basis of discussion for action and inform both the immediate programme focus and longer term delivery to ensure a focus is on the right areas. This is an iterative process that will continue to be developed as the programme evolves and matures.

2.3.2 At the time of Committee, two Trajectory Boards will have taken place in October and December 2018. The Trajectory Boards are the principal governance mechanism for the programme and will provide oversight, challenge and guidance to ensure that the programme is meeting the required cost and demand position. At the time of writing only one Trajectory Board has been held, and the information below is from the October board submission. A supplementary appendix will be produced ahead of Committee to include a summary of the trajectory analysis to include data through to end-November, and we will adjust activity information regularly taken to Committee to summarise the latest trajectory positions.

2.3.3 An executive dashboard is presented to the board which summarises the overall cost and demand baseline for the programme and highlights changes since the previous board, and is backed-up by a detailed financial analysis and set of performance metrics for each workstream. The initial version (see below) was presented to the board in October to illustrate the expected analysis that will be provided to each board.

2.3.4 Cambridgeshire Trajectory Position – May-September 2018

Report

- This is the first presentation of illustrative trajectories for the APC programme. Based on the available data this current data only reflects the Cambridgeshire position. The report has been produced using financial outturn data from May-September 2018

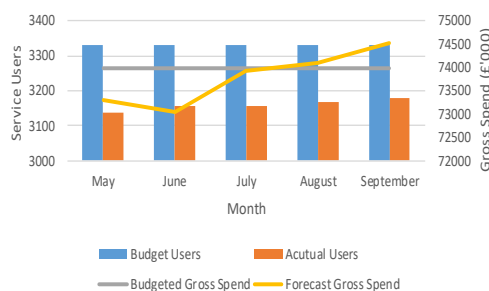
Headline Numbers – OP / PD

- September forecasts suggest a **favourable OP / PD position against budget of £836k** – predominantly realised through increased income offsetting service growth. **Gross spend is projecting a £600k increase**
- Excluding live in care, **there are a 151 fewer service users compared to budget**. However the service user population has **increased month on month since May, growing by 44 to September**
- All bed based unit costs currently exceed budget forecasts**, but the average unit cost for **home care is 14p per hour under the forecast value**
- All service unit costs, excluding nursing care increased from August to September.

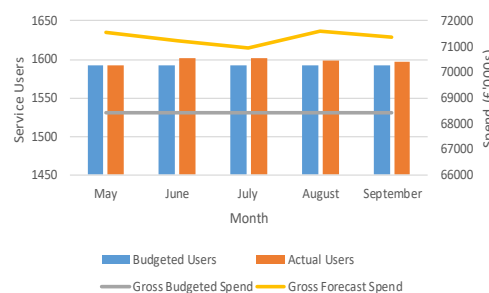
Headline Numbers – LD

- September forecasts suggest an **overspend of £2.6m**. Spend pressures in **community services of £2.8m** are having a substantial impact. The increase driven by both rising client volumes and unit costs
- There are **5 more service users than budgeted for, although volumes have fallen since June**
- All unit costs have increased** from May - September

OA / PD Cost and Demand - May-September 2018



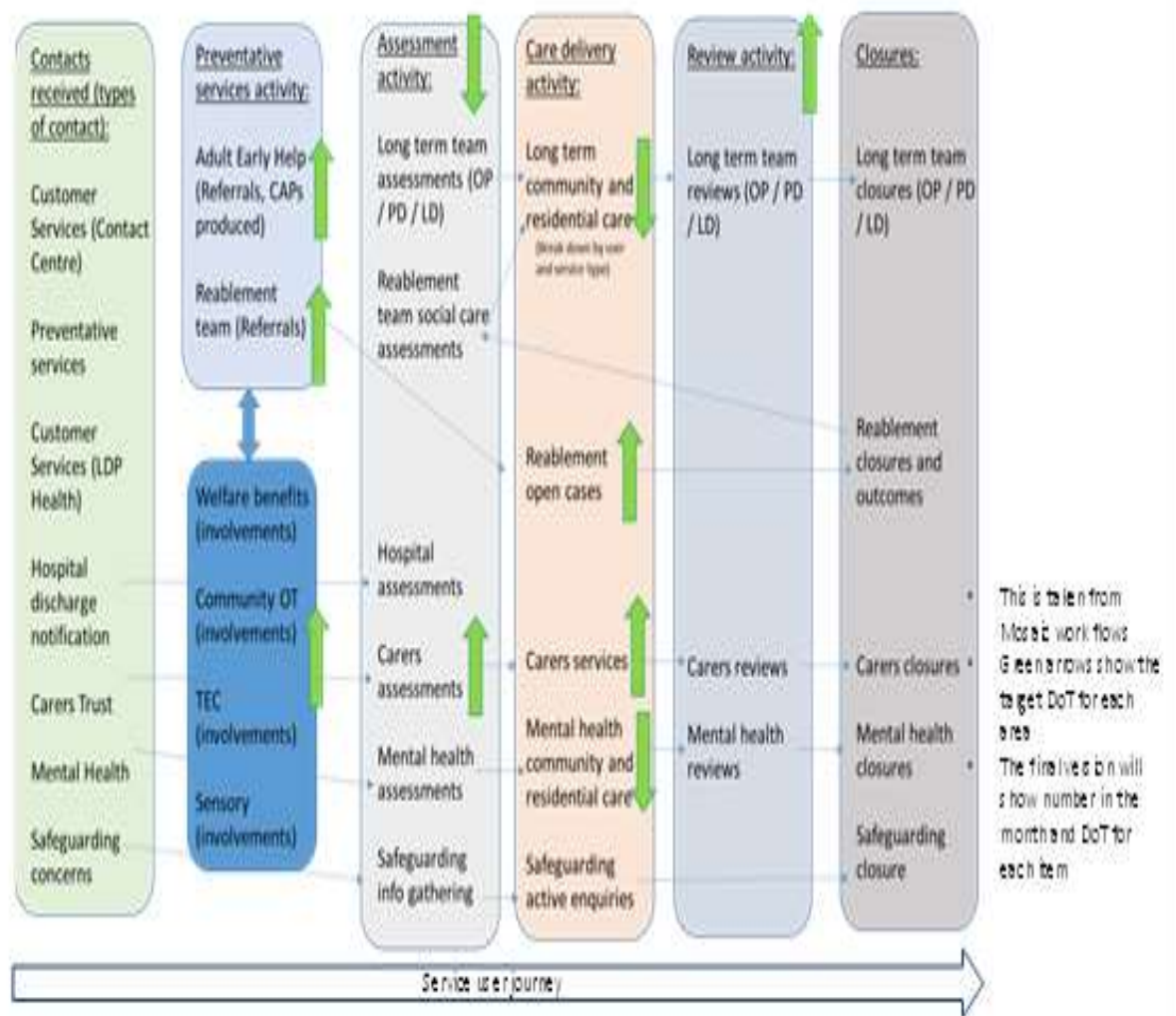
LD Cost and Demand - May - September 2018



2.3.5 The overarching cost and demand position will be informed by a series of flow measures throughout the customer journey, which will enable the programme to understand activity at interaction points throughout the customer journey, and the outcome of these engagements. This will help the programme to identify the impact of interventions at steps in the customer journey, and target shifts in emphasis or additional work as necessary. The initial set of flow measures are set out below:

2.3.6

Service user flow



2.3.7 Each workstream will be managed against a series of 'primed metrics'. These metrics will be reported in line with the Trajectory Board cycle and will inform the analysis and updates presented to board. The metrics will fit into three categories – output, outcome and impact. As part of the workstream design process each workstream has identified an initial set of primed metrics (please see below for the suggested output and outcome measures presented to programme board) which will be refined over the coming period.

2.3.8 Project Output Measures

Changing the conversation	<ul style="list-style-type: none"> • A reduction in the number of unplanned reviews • % of reviews completed increased • Increase in reviews that change and contribute to the care and support plan but do not result in an increase in contribution • Reduction in level of crisis calls to duty teams • Increase in the number of people receiving information, advice and guidance • Increase the number of people signposted to universal services • Increase in number of visits to ASC pages on the website • Response time from Adult Early Help reduces
Reablement	<ul style="list-style-type: none"> • Number of clients referred to and entering Reablement increased • % of hours delivered by service as reablement increased • Duration of Reablement intervention decreases • Increase in numbers of people from under accessed groups receiving reablement
TEC	<ul style="list-style-type: none"> • Increased use of TEC • Increased deployment of TEC enabled discharge • Increased number of trusted assessments • Increased provision of moving and handling equipment • Increased use of Just Checking • Increase in self-referrals • Management of waiting times
Carers	<ul style="list-style-type: none"> • Increased number of identified carers • Increased numbers of carers receiving support
Learning Disability	<ul style="list-style-type: none"> • No. clients in receipt of waking / sleeping night support reduces
Commissioning	<ul style="list-style-type: none"> • Increase in the number of PAs recruited and micro-enterprises set up • Residential care homes are deregistered to become care suites

2.3.9 Project Outcome Measures

Changing the conversation	<ul style="list-style-type: none"> • Increase in people progressing from the website to self-help • Increase in service user satisfaction (service user survey) • Reduced duration older people with eligible needs are receiving statutory social care support (i.e. lifetime of care) • Reduction in number of self-funders entering care because they have depleted their funds • Fall in the number of people receiving long-term care without first undergoing a period of reablement
Reablement	<ul style="list-style-type: none"> • Increased proportion of no-care or reduced care outcomes of reablement • Increased % of people aged 65 and over still at home 91 days after discharge from hospital into Reablement service • Positive customer feedback on impact from reablement survey
TEC	<ul style="list-style-type: none"> • More people are supported with TEC only as proportion of total service user base • Reduce / prevent the number of packages requiring double handed care / reduced DTOC requiring double-up care • Improved perceptions of TEC - Results of surveys • Survey - TEC process simple and user friendly / TEC first approach
Carers	<ul style="list-style-type: none"> • A reduction in the number of services that begin or increase due to carer breakdown / in response to a crisis • Greater proportion of carers reporting that they are able to look after themselves in carers survey • Greater self-reported satisfaction and quality of life from carers survey. • Reduction in one off direct payments due to increased consistency in practice when assessing carers
Learning Disability	<ul style="list-style-type: none"> • Proportion of young adults with a learning disability in paid employment as % of the cohort population • Reduction in annual number of new adult packages from the 14-25 cohort
Commissioning	<ul style="list-style-type: none"> • Reduction in people and hours on domiciliary care pending list • Increase in the number of Direct Payments • People receive outcome-based services which support them back towards independence

2.3.10 The trajectory management approach will evolve over the next few months of the programme. This will be driven by the availability of performance measures, particularly for items that haven't been measured previously, together with the discussion at Trajectory Board and the information that will enable the programme to govern effectively. It is proposed that quarterly update reports be brought to Committee.

2.3.11 The next phase of investment for the programme has been agreed by the invest sub-committee and covers the continued support from Impower for 12 months, dedicated programme delivery manager and programme support; funding for business intelligence, IT systems, legal and communications support; Occupational Therapy capacity for the

TEC team to focus on removing the need for double up care packages; extension of the promoting wellbeing team until June 2018 pending the outcome of the redesign of the reviews process; and some Senior Occupational Therapy capacity. Further funding business cases will be produced in February as the needs of other work streams are finalised.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

The purpose and principle of the Adults Positive Challenge Programme is fundamentally about helping people to live healthy and independent lives, by shifting social care practice away from long-term support towards more preventative support advice to enable this.

3.3 Supporting and protecting vulnerable people

Safeguarding vulnerable adults is central to the purpose of Adult Services. As the service's focus encompasses more preventative activities and less long-term care support, ensuring that risk is managed effectively and arrangements are in place to support appropriate safeguarding of vulnerable adults will continue to be essential.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

Resource implications will be described in individual business cases to draw down investment funding for the programme.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

See wording under 4.1 and guidance in Appendix 2.

4.3 Statutory, Legal and Risk Implications

We do not anticipate any change to statutory or legal duties as a result of this programme nor do we anticipate any greater level of risk. The new model is expected to be both safer and higher quality, in particular because local teams.

4.4 Equality and Diversity Implications

There are no significant implications in this category.

4.5 Engagement and Communications Implications

The APC programme will entail a significant programme of engagement and communication.

4.6 Localism and Local Member Involvement

The new model focuses on a placed based or neighbourhood model and localism, community engagement and Local Member involvement will be fundamental to the transformation.

4.7 Public Health Implications

There are no significant implications in this category.

Source Documents	Location
Adults Committee Report September 2018 General Purposes Committee Transformation Fund Investment Bid	Link GPC Paper

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A
Have the equality and diversity implications been cleared by your Service Contact?	N/A
Have any engagement and communication implications been cleared by Communications?	N/A
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A
Have any Public Health implications been cleared by Public Health	N/A