Wiltshire Council

Health Select Committee

11 September 2018

Adults Social Care Transformation Programme – Update Report

Executive summary

1. The population of Wiltshire is set to increase from 492,200 in 2016 to 515,300k in 2022 representing a 4.69% increase. The growth will not be even across age ranges and most of the additional people will be in the 65 and over, projected to increase by 14k, category due to increasing life expectancy, which on average for males in Wiltshire is 80.8 years and for females is 84.0 years.

2. However, healthy life expectancy is below or very close to state pension age for both males and females meaning that for the last decade or more of their lives, older people in Wiltshire have greater health and wellbeing support needs than during their working-aged lives. Healthy life expectancy is lower for those in the most deprived areas in Wiltshire: a male in the most deprived quintile can expect to live 56 years of life in good health, compared to males in the least deprived quintile where health life expectancy is 70 years.

3. At the same time, the working age population will proportionally decrease whilst needing to support the larger older population and similar numbers of children.

4. By 2020, funding from Central Government will have reduced and the Social Care Levy for adults' social care service is set to cease, whilst the Council's medium term financial plan estimates that demand for Adult Social Care (ASC) services will increase over the same period.

5. The Adult Social Care Transformation Programme is the council's first step towards establishing a partnership approach to outcome-focused prevention and early intervention services with the right people, receiving the right service, in the right place, at the right time, at the right cost across health and social care.

6. To date, Phase 1 has delivered:
   a. A new Adult Social Care operating model, which went live on time on 21st May 2018
   b. To date, this new service has achieved avoided costs of c. £930k
   c. Within this model, a new prevention model is being set up (initially with three Local Area Coordinators (LACs) in Melksham, Trowbridge and Westbury, expanding in 2018/19 into by a further six LACs and areas)
   d. A new Advice and Contacts Team has been established to better manage calls into the service. The team is not yet fully recruited to

(75%) and recruitment will continue into the autumn. Some ICT issues were experienced and a remedial action plan is being implemented.

   e. A new Multi-Agency Safeguarding Hub with Police and social care practitioners has been collocated alongside the new Advice and Contacts Team in County Hall. A health practitioner is being recruited by the Wiltshire NHS Clinical Commissioning Group (CCG).

   f. A new, registered Reablement service has been registered with the Care Quality Commission and teams have been established in Chippenham and Trowbridge. Salisbury will follow when Bourne Hill is refurbished.

   g. Staff recruitment into the new operating model will continue into the autumn

   h. A co-produced re-procurement of the Help To Live at Home (HTLAH) contract (co-commissioning with the CCG) is underway. This will be a framework arrangement allowing the council to work with a much wider provider market. This should increase the amount of choice available, be more financially competitive and enable us to develop the Wiltshire social care workforce.

7. Future phases of the programme are now being developed and will focus on the remaining ASC services (especially Learning Disabilities and Mental Health), greater integration with healthcare, innovation (especially through technology) and efficiencies.

Proposal

That the committee notes the progress update.

Reason for proposal

Progress update for information only.

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# Adults Social Care Transformation Programme – Update Report

Purpose of report

1. To update the Health Select Committee on progress of the Adults Social Care Transformation Programme.

Background

2. Wiltshire faces major demographic changes affecting employment and service delivery at a time of increasing financial austerity. An increase nationally and locally in the number of older people with their associated health and social care needs will not only increase the demand for services but also impact on the labour market required to support delivery. There is a critical need to transform the way in which we manage our services to continue to be able to meet the future demand effectively.

3. Understanding the size and structure of Wiltshire's population is fundamental if the council and its partners are to have the ability to prioritise and deliver services effectively and efficiently.

Figure 1. Wiltshire's Population Projection by Age Band
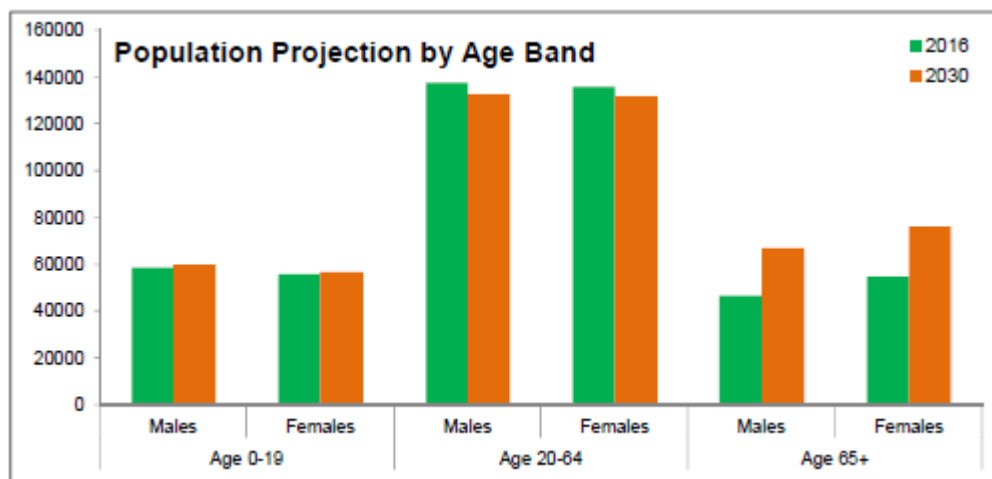
4. Figure 1 illustrates that the population of Wiltshire is set to increase. The growth will not be even across age ranges and most of the additional people will be in the 65 and over category due to increasing life expectancy, which on average for males in Wiltshire is 80.8 years and for females is 84.0 years. (Graph taken from the Wiltshire Joint Strategic Needs Assessment 2017.)

5. The increase in the older population is greater than the increase in the total population. The number of young people will remain broadly similar in the same time period, while the numbers in the working age population actually falls. This is going to increase the level of dependency within Wiltshire as a smaller working age population will need to support the larger older population and similar numbers of children.

6. According to Census data from the ONS Wiltshire had 86,434 people aged 65 or over in 2011. The latest ONS mid-year estimates of population for 2016 show an increase

of 17.5% to 101,588 and projects a further increase of 64.4% to 167,100 by 2039. (Statistics from the Wiltshire Joint Strategic Needs Assessment 2017.)

Figure 2 shows the percentage of people aged 65 and over in each lower super output area (LSOA) in Wiltshire.
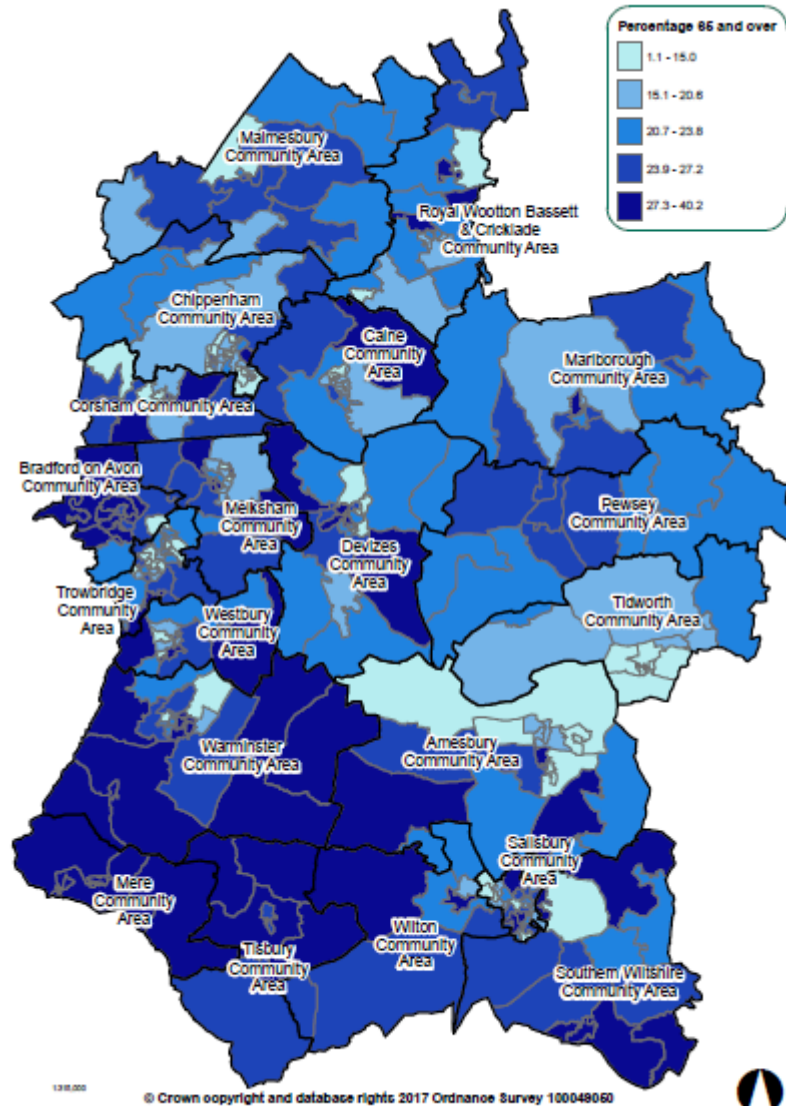
Source: ONS 2016 Population MYE

7. For ages 65 and over the highest proportion of the population generally live within rural parts of the south and west of Wiltshire. However, for those aged 85 and over the picture changes slightly with higher percentages more likely in the towns of Wiltshire.

8. Whilst many older people will live in good health there is an inequality in the length of time a person can expect to live in good health related to deprivation. Figure 3 shows the inequality in health life expectancy (HLE) across the five quintiles of deprivation for the population of Wiltshire.

Figure 3. Healthy Life Expectancy by Deprivation Quintile
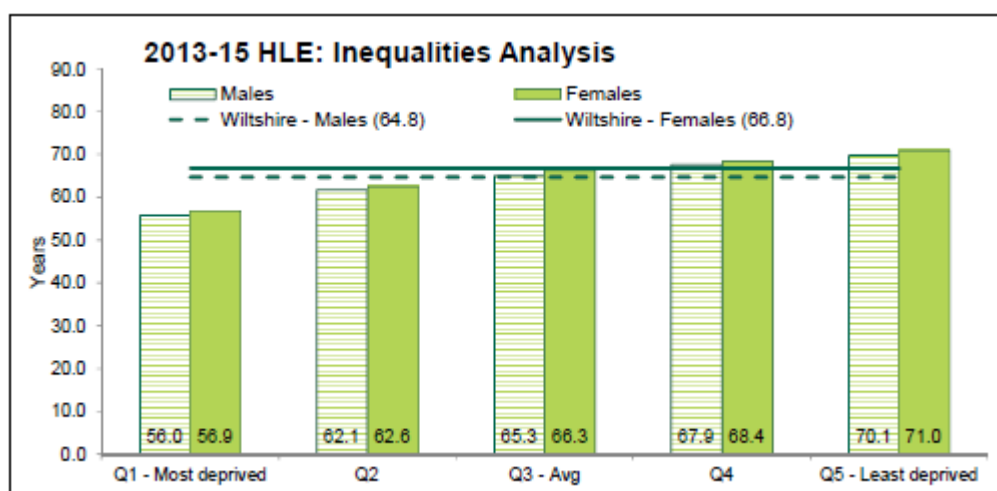
9. Healthy life expectancy is higher in Wiltshire than the South West and England. However, even in Wiltshire, healthy life expectancy is below or very close to state pension age for both males and females and if the state pension age continues to increase and there is no change in healthy life expectancy this could have additional negative impacts on health and the economy.

10. In addition, healthy life expectancy is much lower for those in the most deprived areas in Wiltshire, for example a male in the most deprived quintile can expect to live 56 years of life in good health, compared to males in the least deprived quintile where health life expectancy is 70 years.

11. The totality of these population changes for Wiltshire must be considered and planned for in the way we aim to delivery adult social care services, now and into the future.

12. The Council's net budget for Adult Social Care Services and supporting functions in 2017-18 was £136.7m. This includes approximately £10.4m contribution from the Better Care Fund and in 2017-18 £5.8m was raised through the social care levy. Central government funding for the Council as a whole is expected to reduce by a further £18m by April 2020 and the ability to raise the social care levy will also cease at that time. The Council's medium term financial plan estimates that demand for Adult Social Care services will increase over the same period.

13. The Council's Business Plan and strategic objectives promotes self-help, wellbeing, choice and independence, supporting its customers where possible to stay within their home environment with the necessary support in place.

14. The Adult Social Care Transformation Programme is the council's first step towards establishing a partnership approach to outcome-focused prevention and early intervention services with the right people, in the right place, at the right time, at the right cost across health and social care.

15. The next step will need to focus on the need for greater integration of our services with our partners in health to ensure the health and social care system in Wiltshire delivers more effectively and is sustainable.

Phase 1 Objectives

16. The ASC Transformation Programme is designed to deliver against five key objectives:

    1) To manage demand more effectively including prevention and be financially sustainable
    2) To ensure all services are structured efficiently and effectively across the whole system.
    3) To ensure Wiltshire has a robust and effective workforce to meet the needs of our customers now and into the future.
    4) To work more efficiently and effectively with our partners utilising integrated systems and technology
    5) Target cost efficiencies of 10% off the base of the spend on Adult Social Care services to enable service to be maintained at the predicated increase in demand for services rate of 5% per annum

Main considerations for the committee: Progress to date

17. Certain key services in Adults Social Care have been redesigned to deliver a new operating model based on the customer pathway in figure 4 below. Following an extensive HR process involving 180 staff, the new structure for adult social care was implemented on 21st May 2018 and the transition to the new operating model was launched which marks a significant change in our approach that focuses on supporting individuals to regain skills and confidence and avoid long term care.

Figure 4: New Customer Pathway
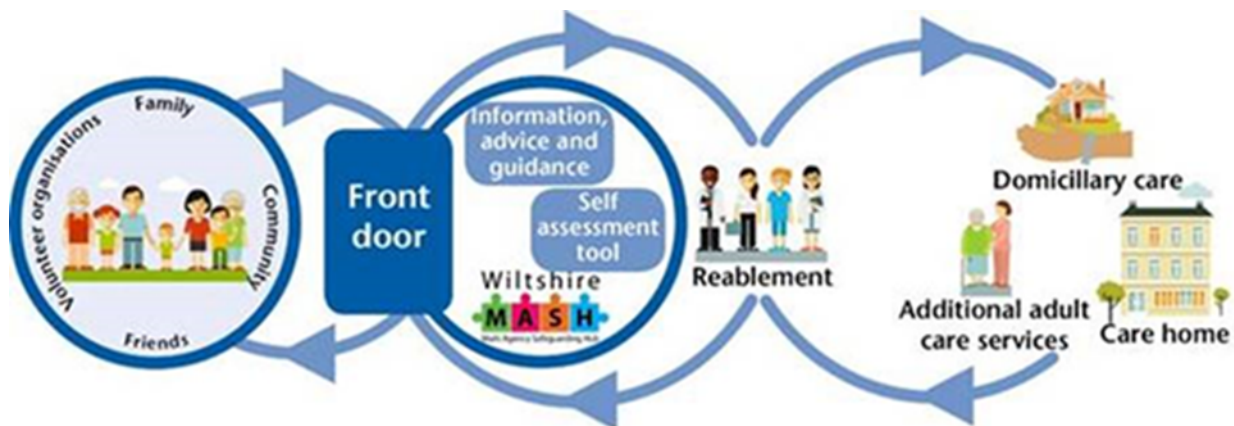
18. The following are currently being implemented:

    18.1 **Local area coordination (LAC)** – with a focus on prevention.

    Progress update: Three early-adopter areas are currently being established in Melksham, Trowbridge and Westbury. Whilst these three areas were selected based on multiple indices of deprivation (i.e. not just linked to

finances but also transport deficit or service deficit), the intention is that the LAC service will be expanded to be available county-wide and not just based on deprivation. Members of the community were involved in the recruitment panel to ensure local support and engagement. The first three Local Area Coordinators will take up their posts in September 2018. The Joint Commissioning Board has approved budget to extend this to a further six areas, which will be selected based on mapped areas of need and recruitment will begin in the autumn.

18.2 **Advice and Contacts centre** – the new service provides a new way of dealing with demand at the 'front door', with an emphasis on self-service, prevention and sign-posting to community support. A comprehensive induction and training programme has been developed to support the new roles within the teams.

Progress update: In the first full quarter since the launch of the transition to the new operating model, performance data on call handling shows an overall trend of increased performance. In this period, the percentage of calls handled ranged from a low of 17.8% (week 1) to a high of 79%, with a weekly average of 60% as shown in Table 1 below. In addition, the average time taken to respond to calls dropped from 48 to 14 minutes.

***Table 1**: Advice and contact call management statistics 21st May – 10th August 2018*

Week Beginning	Total Calls	Calls handled	Calls abandoned	Average time to abandon	Average speed of answer	% handled
Monday 21st May	1678	299	1281	10 mins	48 mins	17.8%
Monday 28th May	1420	235	1104	14 mins	46 mins	16.5%
Monday 4th June	1224	576	589	5 mins	14 mins	47%
Monday 11th June	1010	799	211	3 mins	5 mins	79%
Monday 18th June	1060	819	241	4 mins	4 mins	77%
Monday 25th June	1103	782	321	3 mins	6 mins	71%
Monday 2nd July	1124	769	355	4 mins	7 mins	68%
Monday 9th July	1110	624	486	5 mins	12 mins	56%
Monday 16th July	1063	771	292	4 mins	6 mins	73%
Monday 23rd July	1043	705	338	4 mins	8 mins	68%
Monday 30th July	1095	797	298	3 mins	7 mins	73%
Monday 6th August	823	628	195	3 mins	5 mins	76%

This improved performance is despite the new service commencing with a significant number of vacancies that has required temporary support from both the Reablement Team and Ongoing Support Team to staff the service during the transition to the new operating model. Recruitment to 75% of the posts is expected to be achieved in September and the remaining 25% are subject to continued recruitment over the coming months.

Although variance in call handling performance over the summer period has been experienced, once the recruitment to the team is in a stable position it is anticipated that call handling statistics will stabilise and then improve in line with targets and as the team experience grows. Service targets are to achieve handling of 90% of calls when a fully effective team is in place assuming and abandonment rate of approx. 5-10% in line with recognised call centre bench marking standards.

These figures reflect the challenges faced by the team in the weeks following implementation. Significant staffing and IT issues impacted on the team's ability to manage incoming demand. The overall position has now improved. However, there are some ongoing IT issues e.g. MITEL upgrade delays; which, once completed, will reduce A&C team demand by redirecting unnecessary demand appropriately prior to a call centre operative taking the call. These issues have limited our ability to achieve channel shift and increase contacts made via email and the 'YourCareYourSupport' website. There is now a date for the MITEL upgrade of mid-September. Online referrals for professionals including GP's and safeguarding referrals are now live.
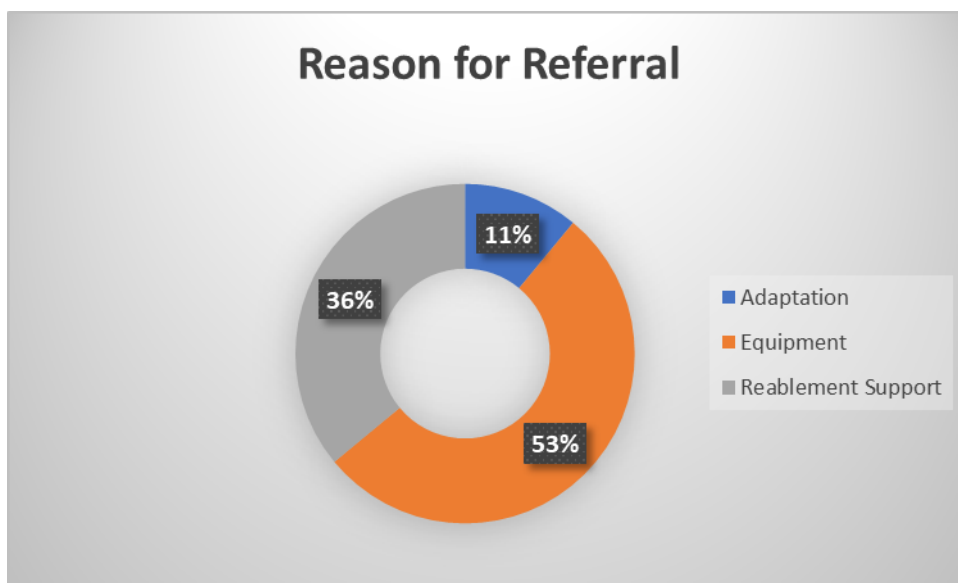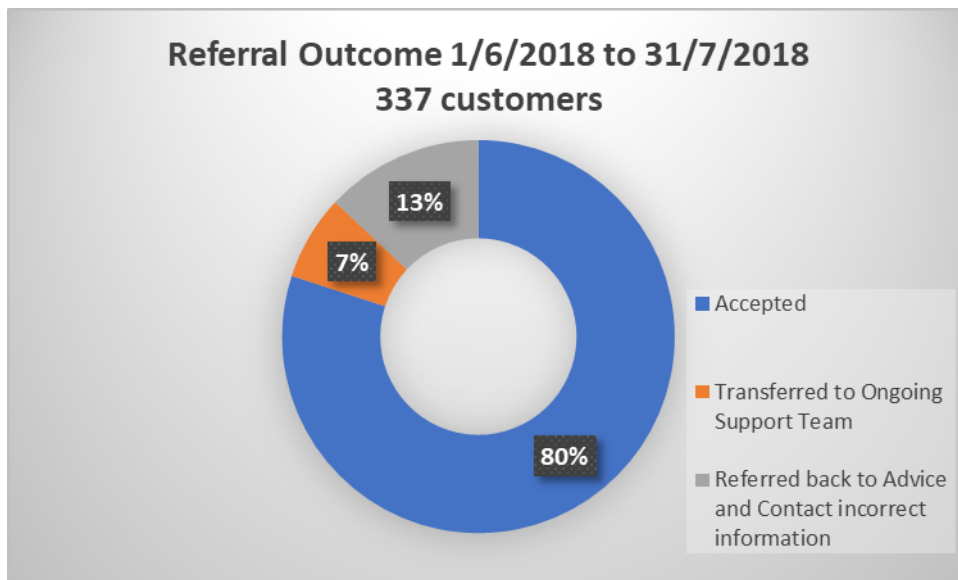
18.3 **MASH** – a new adults' Multi-Agency Safeguarding Hub collocating health, social care and police to provide a rapid, efficient and effective response to referrals of vulnerable adults in need of protection from harm, abuse or neglect.

Progress update: Police and social care colleagues are now collocated alongside the new Advice and Contacts centre in County Hall and are implementing a new referral process. The CCG are currently recruiting a health practitioner to join the MASH team.

18.4 **Reablement** – a new in-house social care service. The aim of the service is to work with clients to maintain their independence for as long as possible, thus increasing their well-being and reducing the dependence on longer-term care packages.

Progress update: a soft launch of the service commenced in May 2018 which focused on recruitment and training of staff in readiness for successful registration as a provider which has successfully registered with the Care Quality Commission in July 2018.

From 1st June to 31.07.18 the service had a positive impact and resulted in the following:

Referral Outcome 1/6/2018 to 31/7/2018
337 customers

- Accepted — 80%
- Transferred to Ongoing Support Team — 7%
- Referred back to Advice and Contact incorrect information — 13%

Reason for Referral

- Adaptation — 11%
- Equipment — 53%
- Reablement Support — 36%

Recruitment has begun and is ongoing and the service started working with clients on 20/08/18 providing service from 7 am to 10 pm. 7 days per weeks.

This is not currently operating at full capacity due to holidays and planned training however this will continue to expand over the coming months as recruitment and training commitments stabilise.

Wiltshire Council Reablement Case Study

Mrs C lives in a bungalow that she owns in the west of the county. Her granddaughter stays with her every weekend, but she is normally alone in the week.

Mrs C said she used to be a very independent person and could do most things for herself. She used to enjoy going into to town to go shopping but now doesn't feel like she can do much for herself any more. She added that the hospital staff said: "I'm not allowed to do much now". Mrs C had a fall a few weeks ago which really shook her up. She said she has accepted more support visits now mainly to stop her family worrying about her. Mrs C is happy with the support workers but would like to be able to do a bit more for herself if possible.

Mrs C has Chronic Obstructive Pulmonary Disease (COPD) and Diabetes and experiences breathlessness and fatigue. Small things can exhaust her, and she finds this frustrating which makes her feel low in mood.

Package at the start of her Reablement programme

Morning	Lunch time	Tea time	Bed time
45 mins	30 mins	30 mins	30 mins

Mrs C's Reablement Goals
To regain strength and confidence walking short distances after her fall.
To be independent in making a small meal and hot drink at lunch and tea time.
To be independent in having a shower and changing from her day clothes to her night clothes.
To be independent in getting in and out of bed

Summary of Reablement Provision

At the outset of the reablement service, Mrs C assessed her Quality of Life (QOL) at 13 out of a possible 30. At the end of the Reablement period, she considered it had risen to 25/30.

Hours at the beginning of Reablement provision	15.75	Visits per week	28
Hours in Final Week	8.75	Visits per week	14

Performance statistics against KPI's are promising and evidence a cost avoidance total of c£900k. 80% of customers being referred to the team are accepted with 13% being redirected back to A&C Team and 7% redirected to

Ongoing Support. Statistics confirm that 53% of referrals are for equipment only 36% are for support and 11% are for adaptation.

See case study for an illustration of reablement in practice.

18.5 **Help to Live at Home (HTLAH) Alliance** – a new 4-year procurement platform (equivalent to a framework agreement) which providers can join at any time.

Progress update: The specification has been co-produced with home care providers and with input from other stakeholders, including the NHS Clinical Commissioning Group (CCG) and representatives from the voluntary sector. The CCG have input into the specification to include personal care for continuing health care. The procurement will be launched in early September. One of the Alliance aims is to encourage as many providers onto the Alliance as possible, so that we trade only with Alliance members. Through the Alliance, commissioners will build trust and confidence in the market, which will allow the Council to gain more influence the market and develop commissioning arrangements over time. Relationship-building is going well: c. 50 providers attended the last engagement event, including providers currently working on the borders of Wiltshire who are keen to develop their businesses within the county. Another objective is to use the Alliance to promote and develop the social care workforce and we plan to create career pathways, offer joint training and joint recruitment opportunities.

We are aiming for a smooth transition between the old contracts and the new ones. Assuming providers are on the Alliance, they will retain existing customers. If providers choose not to join the Alliance at the first opportunity, they will be encouraged and supported by Commissioners to join at a later date. For any that do not join, we would look to move customers to an Alliance provider at the time of the customer's next scheduled review.

Benefits

19. Once the programme has been fully implemented and transitioned to Business As Usual, the service will start to realise the following benefits:
   - Our customers will have more independence and personal choice with access to excellent advice, guidance and support to meet their individual needs on options available to them.
   - We will understand what our residents' needs are and in turn our demand and be able to manage this more effectively through prevention
   - Simplified and streamlined in house processes with the use of integrated systems
   - Working with our partners more effectively and efficiently to provide a seamless transition through service provision, removing duplication and bureaucracy.

20. The restructuring of the operational service, together with the establishment of the new Reablement team, has been cost neutral and the new operating model is expected to release a £1.5m saving in 2018/19.

Next steps

21. Phase 1 is in a transition towards business as usual. The focus in future phases is:
    - Developing integrated pathways across health and social care
    - Formalising joint working arrangements
    - Continuing Health Care (CHC)
        - Current performance is 50% of the England average (referrals and conversion rates)
        - Performance stabilisation underway
        - Overarching goal is for an integrated team with health incl. budgets
        - Common training around legislation for LA staff and NHS staff (starting Oct 18)
        - New agreed service design, process, supporting policies and procedures (common LA/NHS)
        - Greater focus on direct payments
        - A dispute resolution process
    - Exploiting opportunities for joint commissioning across the health and social care arena.
    - Hospital discharge & intermediate care pathway – building on the new reablement service to improve pathways across health and social care services
    - Learning Disability Transformation- service has in year budget pressures of c£3m
    - Mental Health
    - Digital solutions – including a new Case Management System and mobile working
    - Target to reduce the ASC spend by c£20m over the next 3 years.

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