Rotherham Metropolitan Borough Council

BRIEFING	**TO:**	Overview and Scrutiny Management Board
	DATE:	27 November 2019
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	TITLE:	Outcomes from Adult Social Care Workshop

1. Background

1.1 This paper sets out the main findings from a scrutiny workshop undertaken by the Overview and Scrutiny Management Board (OSMB) on 9 October 2019. The session provided Members with an overview of the new operating model for Adult Social Care that would be implemented from October 2019 onwards.

1.2 Since 2018, OSMB has regularly scrutinised the budget position and service performance for Adult Social Care together as the two are closely interlinked. The aim is to seek assurance that the budget overspend will be reduced and proposed savings achieved without a negative impact on service users and performance, whilst making the requisite changes to practice and service transformation.

1.3 A number of key performance indicators for Adult Social Care are included in the Council Plan. These are scrutinised by exception by the Board as part of the quarterly corporate performance reporting cycle, in line with agreed criteria on direction of travel and Red-Amber-Green rating. Other measures within the Adult Social Care Outcomes Framework and/or additional local measures are considered by the Health Select Commission.

1.4 A six monthly Financial and Performance Update was discussed at the workshop, including details of the reassessment programme and forecast savings delivery over the next four years for all cohorts. An indication of trends in demand for services and average weekly costs was provided. Relevant performance measures from the Council Plan that met the exception reporting criteria were also discussed.

2. Key Information

2.1 **Proposed Operating Model**

A short presentation introduced the new proposed new model and rationale for change. Feedback from staff had led to some significant changes from the original proposals.

- Why do we need a new operating model?
- How we will work in the new model
  - People at the centre, not service-led, and focusing on the person not their impairment or condition
  - Managers managing both staff and pathways

- Flexible model of delivery
- Geographically aligned – six locality teams but not co-terminous with the Primary Care Networks
- Ownership of assessments
- Multi-skilled teams and quality assurance

- What will the people of Rotherham now experience?
  - personal experience
  - statutory
  - personal outcomes
- Organigram showing the proposed structure
- How the proposed structure works (underpinned by Business Support, Professional Practice, Service Improvement and Governance, and Learning and Development)
  i. Pre-Front Door (Community Support)
  ii. Initial Contact, Response and Facilitation
  iii. Intake, Referral, Triage and Assessment
  iv. Support, Care and Planning
- High level activity analysis – to inform resource and staff allocation, based around anticipatory caseloads, under ii-iv above
- Key messages for each of the service areas
  - Localities
  - Access
  - Safeguarding and Mental Health
  - Professional Practice
  - Service Improvement and Governance
  - Targeted Reviews
- Workstreams to implement the model (Heads of service to lead some with front line staff involved to inform development)
  - Programme Management
  - ICT
  - Organisational Structure
  - Organisational Design
  - Pathways, Processes and Policies
  - Performance

2.2 **Council Plan Performance – Exception Report**

Two of the eight Council Plan measures under Priority 2 "*Every adult secure, responsible and empowered*" met the criteria for exception reporting to OSMB:

- **2B7**: All age numbers of new permanent admissions to residential nursing care for adults.
- **2B8**: All age total number of people supported in residential/nursing care for adults.

Both measures were rated amber but were showing a positive Direction of Travel. The Wellbeing Forum reviews cases and challenges social workers as part of the governance process. Admissions were closely monitored and although blips were likely to occur in the trajectory because of winter and hot summers the service was confident that the year-end target would be achieved.

2.3 **Financial Position**

Successful implementation of the new model and new pathways was vital to the long term sustainability of Adult Social Care. It was recognised that putting this in place would involve a significant workforce development programme which would impact on

	front line capacity to deliver reassessments. As a result, the forecast rate of reassessments had been amended and the service was looking to second staff to the Targeted Review team to assist and had an ongoing recruitment programme as there were some vacancies. Assessments and reassessments may take longer because of factors following legal processes, for example Court of Protection applications when capacity is in question. Reassessments may not always deliver significant savings because of changes to people's needs and where there may be some initial parallel running to provide additional support and build confidence following a change to a person's care and support package. Thus savings targets remained challenging and a number of one-off savings had been identified to mitigate against some of these issues. Other potential savings options were being explored and revised potential positions for each year. The net revenue position for 2019-20 was forecast to be a shortfall of £1.722m. Future proposals on the budget and savings would be reported to OSMB through the usual processes.
2.4	**Trends in Service Demand** People moving in and out of the system were monitored and although overall demand fell in 2018-19 the reduction was less than expected. Around 250 more people were in receipt of services than anticipated, resulting in a £1.758m cost pressure. A number of people aged 45-64 were coming into service earlier, for example with COPD, so it was a case of what could be done jointly with health. The service also works with people with chaotic lifestyles or with issues resulting from alcohol misuse which may have an impact, such as Korsakoffs Syndrome (a type of dementia), through interventions rather than care packages, which were not quantifiable in terms of savings. The new pathway has three complex lives social workers co-located with Housing and the South Yorkshire Police hub regarding chaotic lifestyles, which is new and will be monitored. Finance and Performance officers were reviewing the potential future impact of demand based on service trends and population forecast data. This aimed to show a range of potential budget impacts due to the number of unknowns that affect the demand for social care. There will still be unplanned demand which may have significant cost implications, particularly for high cost specialist packages of care.
3. Key Issues	
3.1	**Training and Development** A Training Matrix had been developed and was published on the intranet, including mandatory and management courses. The Strategic Director had been through this and the intention was to invigorate the entire workforce and increase confidence. Coaching sessions were planned for all team managers for 12 weeks immediately post implementation as there were some inexperienced managers. The intention was to instil a more collegiate approach to decision making and ensure processes were followed. The successful Rising Stars programme had involved 12 front-line staff, including people from Housing and Public Health, ranging in age from early 20s to 50s, who were mentored by the Directorate Leadership Team. This programme will run again as it represents a good investment in staff.
3.2	**Mental Health** This was not in scope in developing the new model although RMBC social workers are

	seconded to Rotherham Doncaster and South Humber Trust (RDaSH). A session on using the Lasting Power of Attorney could be held for Members to provide an understanding of these particular powers. If more people had them, this could have a reduction in applications to the Court of Protection when "life" decisions needed to be considered.
3.3	**Targeted Reviews (TR)** Investment money was going in to targeted reviews whilst also carrying out day to day work. TR teams had some temporary posts so the service still utilised some agency staff.
3.4	**Social Workers** Within the structure there were two roles – social workers and non-qualified roles who would have a new title of Assessment and Review Co-ordinator. There were four grades of social worker, all with set development stages, and one key aspect is the practice education which all will be expected to do. Career progression had been built in with a positive expectation on delivery in a very complex environment. Although at the time of the workshop there were 17 vacancies, the service operated a rolling programme of recruitment and Rotherham was competitive in terms of the attractiveness of its social worker posts. Three new ASYE posts (assessed and supported year in employment) for newly qualified social workers had been created to retain good students who had been here on placement.
3.5	**Assistive Technology** Support packages would have this built in by default rather than automatically putting staff in there. Trying new ways of providing care through technology could be tested for possibly up to two months. In terms of affordability of equipment and technology, the budget for assistive technology is a dedicated budget and staff need to ensure full utilisation. Examples given were night checks replaced by bed sensors to detect movement and wake the carer or "Just Checking" using house wide sensors for two weeks to develop a picture of what happened. The number of young people are coming through with very complex needs presented a challenge and these young people needed to be identified early.
3.6	**Loneliness and Isolation** Although the question had been raised as to whether greater use of technology could have an impact, loneliness and isolation would be picked up in strengths-based conversations with individuals and more widely would be addressed at place level. Social workers looked at the desired outcomes for a person and whether for example, confidence or physical issues prevented them from doing things which could lead to isolation. There were three community connection workers and social prescribing with Voluntary Action Rotherham had been widened. As demonstrated through learning disability work, people had moved on to do things they never thought they could do. The Health and Wellbeing Board was working on loneliness, under the auspices of the Health and Wellbeing Strategy, led by Public Health and involving all partners. A Loneliness Strategy would be launched later in the year.
3.7	**RotherCare** This needed to be thought through more strategically, including looking at the financial model. Housing were helping with this and again it was a question of considering how it

	fitted in with new technology. Demonstrative interactive sessions with RotherCare and staff had raised awareness around looking for solutions that were sensitive and potentially more discreet. Legal issues came into consideration here as potentially some means could be viewed as community-based Deprivation of Liberty (DOL). For example, if a door was kept locked preventing a person from leaving their home if they wished to do. Changes to the law regarding mental capacity and liberty safeguards were coming in and a body of case law had developed regarding such decisions.
3.8	**Information, Advice and Guidance** This is a statutory duty hence the importance of having really good social workers at the front door, and having the new model of intermediate care and reablement so sound calls are made. The carers lead would be within the new Service Improvement and Governance Team and this would be progressed over the next 12 months.
3.9	**Pathways** The previous structure had been process-led and encouraged silo working, resulting in handoffs and waits for customers. This had been stripped back with clear pathways, responsibilities and transparency on what teams do. It was important to look at a pathway from end to end, not just the processes, as people's journeys were 3D and not linear but it would take time for staff to adjust to the changes.
3.10	**Safeguarding** Appropriate triage was highlighted by Members, especially in cases of safeguarding concerns. Safeguarding will be in localities rather than a dedicated team, with a safeguarding practice team to oversee staff development as previously many social workers had not carried out safeguarding investigations as these had been left to the dedicated Safeguarding Team.
3.11	**Intake, Referral, Triage and Assessment** This is where intermediate care and reablement fits in, based on a case management approach. Two proofs of concept had been tested and reablement officers were really on board with the changes. Reablement pathways will be reduced from seven to three and were based on the recovery model as seen in mental health. This is a project alongside health colleagues. The reablement offer is up to six weeks that is non-chargeable and would look at the individual staying within this pathway up to 12, and this part will be chargeable. The Single Point of Access is now the Access Team with social workers and initial contact included Occupational Therapists from Health. A person had been appointed through Better Care Fund monies whose time was dedicated to looking at Occupational Therapy and technology. For future sustainability the service needed to reduce the numbers with ongoing support, care and planning.
4. Recommendations	
4.1	That the information provided is used by the Overview and Scrutiny Management Board to inform future scrutiny of Adult Social Care.
4.2	That the Overview and Scrutiny Management Board continue to scrutinise Adult Social performance and budget, identifying specific areas of work on which to focus.