

# Overview and Scrutiny Management Board

## Adult Social Care – *our model of delivery*

January 2022

V0.3

## Introduction & Background

Rotherham, just like many other places is facing the combined challenge of rising demand and resources not keeping pace. In the context of Adult Social Care & Commissioning, this includes a greater number of older people who need support, an increase in the number of young adults in Rotherham with complex needs transitioning from children's services into adult's services and rising care costs.

The ultimate aims of care and support are to support individuals and families to live the best life that they can independently for as long as possible, utilising the assets within their community to support their health and wellbeing and protecting the most vulnerable from physical and emotional neglect.

The results of not implementing these aims is adults being overly reliant on their care packages provided by the local authority, weakening their sense of independence and ability to do things for themselves. This in turn creates a cycle of decreasing independence and increasing level of care provided, entirely moving away from any possibility of reablement.

In October 2019 Adult Social Care introduced a new way of working that utilises the assets within its communities and supports its population to become more independent. Instead of looking at residents as a collection of needs and problems, the view is to see everyone as unique individuals who have strengths, assets and talents.

This assets-based approach will require all staff involved to think differently about how they approach meeting individual needs in a proportionate way; about how the council communicates and engages with residents; how support for people is planned and delivered; and what needs to be done to expand resident's understanding of what is possible or available to them from the council but also from health, other partners and the local community.



# The Care Act 2014

The Care Act received Royal Assent on 14 May 2014

The Act is in three parts:

1. Care and support
2. Care standards
3. Health

**Part 1 of the Act consolidates and modernises the framework of care and support law:**

- **duties for local authorities**
- **rights for service users and carers**

What the Act requires care and support to:

- **be clearer and fairer**
- promote people's **wellbeing** *"The general duty of a local authority, ... in the case of an individual, is to promote that individual's wellbeing".*
- enable people to **prevent and delay** the need for care and support, and carers to maintain their caring role
- put **people in control** of their lives so they can pursue opportunities to realise their potential

Assessment of the care and support need, and eligibility for state support

Information and advice on local services and how much they cost

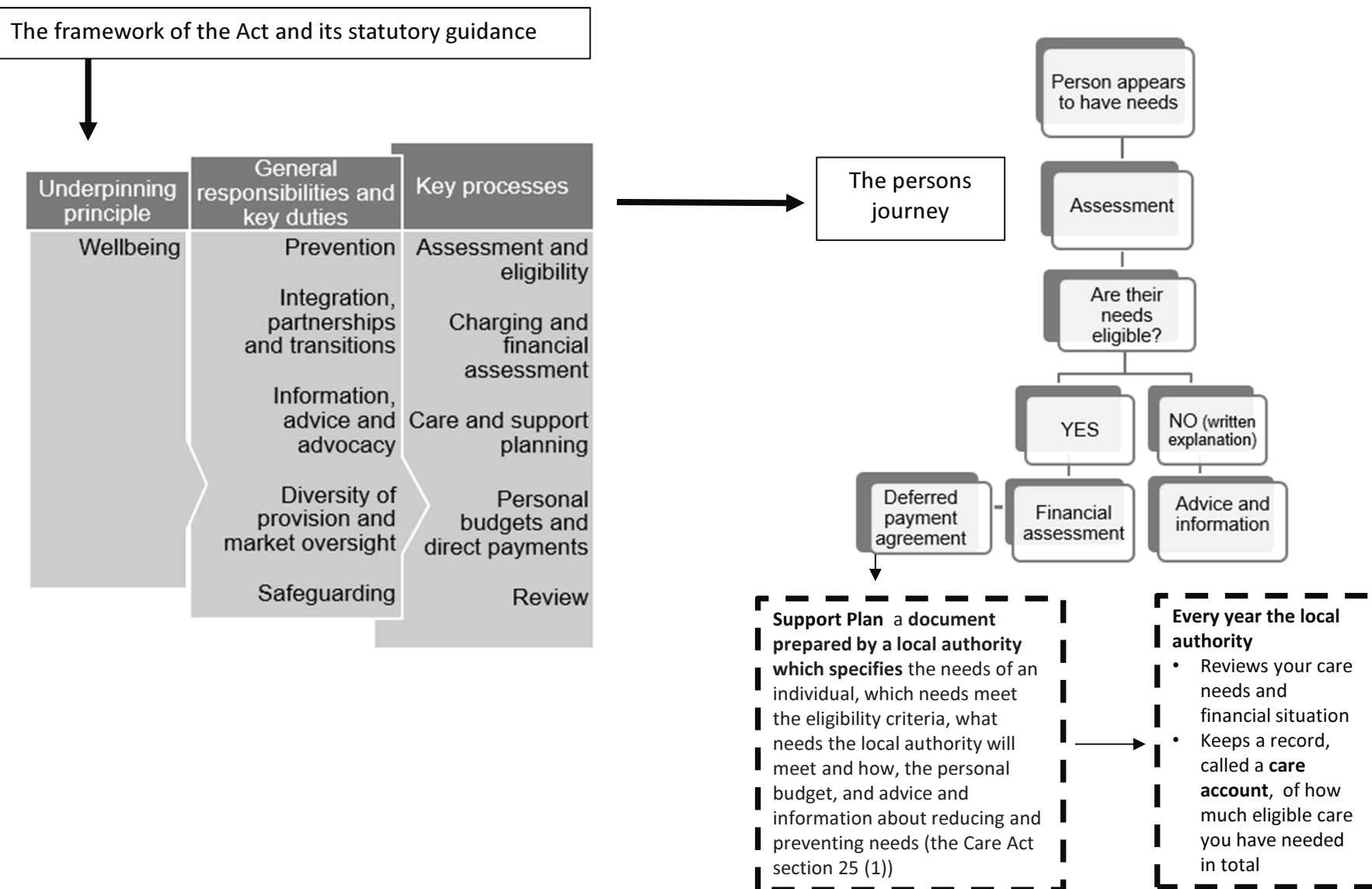
**Reablement, rehabilitation and other free services**

Support from family, networks community...

**Financial assessment** to see what you have to pay

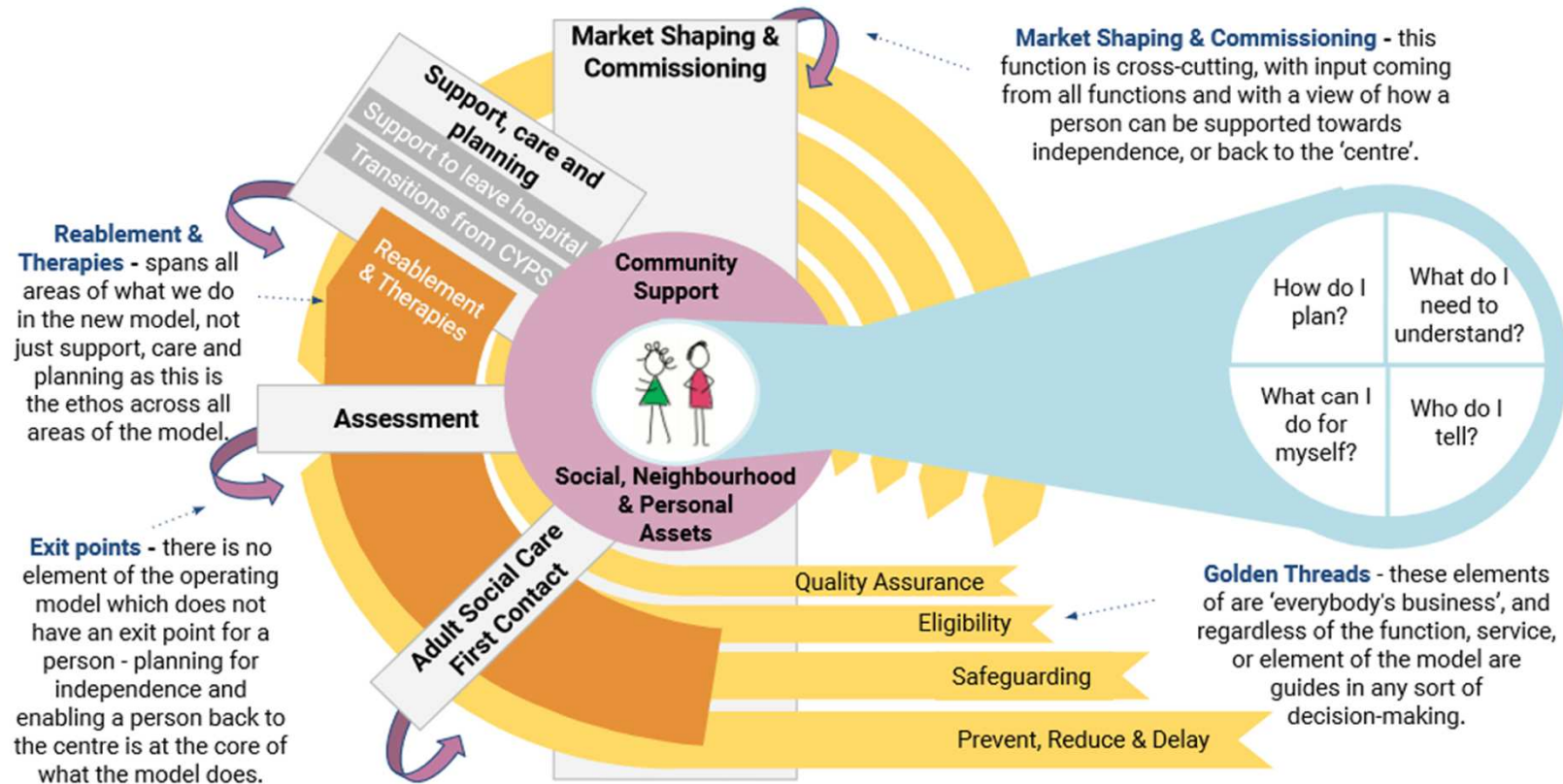


## The Care Act 2014 continued..



## Putting the person at the centre of the Rotherham Adult Social Care model

*“Rotherham Adult Social Care works with you to understand, identify and provide care and support where required for you to live your most fulfilled and independent life.”*



A Focus on 'doing with' and not 'doing to' people, utilising our resources in the most effective way for them to achieve their target outcomes.

The model acknowledges that fulfilment and independence means something different to different people, and therefore our interventions need to be proportionate, understanding a person and their needs first.

# The Adult Social Care Core Pathway

## The Core Pathway

The Adult Social Care First Contact Team undertakes the **initial contact & response** function, gathering information to begin to inform a Care Act Assessment.

Whilst eligibility is a golden thread of the model, **assessments are a statutory function of the model** which begin to be undertaken at first contact, and when required is paused for Reablement. Assessments are proportionate to need, and therefore undertaken appropriately by teams / services.

**Support, care and planning**, informed by assessment and eligibility begins at the first contact and continues through out the entire pathway, undertaking reviews to appropriately 'step-down' or 'exit' a person from council care to support to independence

Assessment, support, care and planning inform work with **market shaping & commissioning**, with a two-way feedback loop on performance, value for the Rotherham pound and quality.

The model we work within is based on the following principles:

- A multidisciplinary social care team at the **first point of contact** which is able to more effectively signpost and screen demand
- Promotion of reablement for all people, whether they are new or already in receipt of care and support
- Integration of functions / activities into multi-disciplinary Locality Teams

The model has the following golden threads underpinning all our teams activities and services:

- Quality Assurance
- Eligibility
- Safeguarding
- Prevent Reduce & Delay



## Adult Social Care First Contact

This function is the **initial contact a person makes with the council, and the follow-up action taken as a result**. This includes all methods of contact, including phone calls, in-person interactions and electronic communication.

The purpose of this function is to provide accurate and effective information, advice and guidance to prevent the need for care, reduce the reliance on care and delay the need for care. This is in addition to gathering the appropriate level of information to make an informed and proportionate decision about what is best for that person, whether that be internal or external.

**The First Contact function provides the “front door” to all of the Adult Social Care services, acting as the gateway to the rest of the functions (assessment, support, care & planning, market shaping & commissioning). It is a key delivery vehicle of the ‘golden threads’ Prevent, Reduce & Delay, quality assurance, eligibility and safeguarding.**

### How we work in Rotherham:

**Person centred** - ensuring people's needs are met in the most appropriate way for their desired outcomes.

**Information once** - information about the individual's needs will be gathered at initial contact and inform the follow up action(s).

**Digital and technology first** - any action taken as a result of the initial contact will consider technology and the digital offer first.

**Reablement is the focus at every step** - focus will be on keeping the individual independent and in the community (as appropriate).

**Care and support is proportionate to need with a focus on the best outcomes** - any action taken will consider what is best for the individual and offer support accordingly and proportionately.

**Reablement focus** - from the first contact reablement consideration is being made to support a person to independence.

### What this means for people:

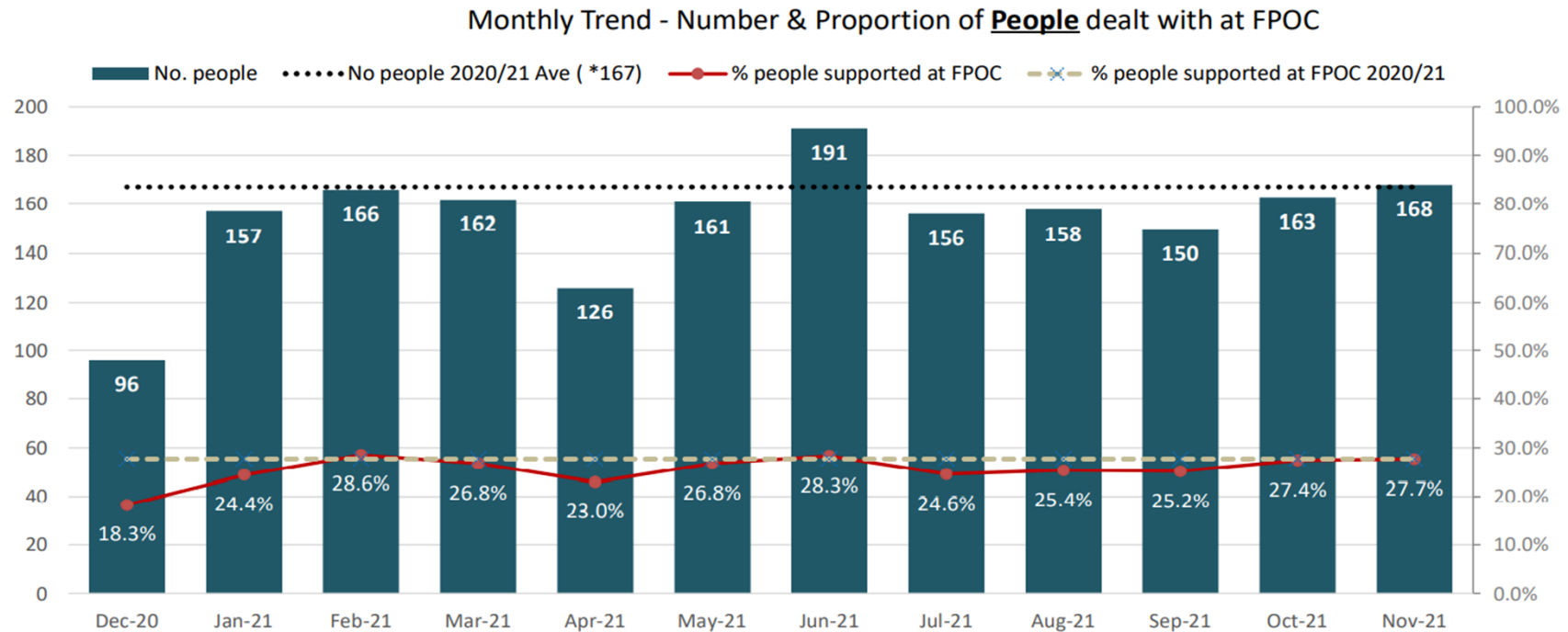
This function is designed for people in Rotherham who require further information, advice or guidance on a care or support need, which cannot be met or managed through the council's digital offer (assuming they have first used this). It may also be family, friends or other support networks looking for support on behalf of an individual.

They are now looking for further support or information and need to contact the council. People will also engage with this function if they have completed an online self-assessment and have been advised to contact the council as a next step





## First Contact – Performance Measures



Anecdotal feedback from 'Front door' officers is reporting on an increase in complexity, and greater need to liaise with Mental Health service, which needs to be further explored and narrative presented as this is not always captured in the data. They are also reviewing OT requests for CYPS, as Adults front door inputs these referrals and these are not necessarily captured as activity. The front door and locality Ops managers continue to liaise to look at how the front door can support in reducing activity to localities



## Benchmarking:

### Requests for support and what happened next:

Requests for support from local authority adult social care are important to consider when investigating use of resources, particularly considering the outcomes of these requests for support. Local authorities aim to maximise the independence of their populations, but in many cases substantial intervention is required to ensure that those with high needs have an acceptable quality of life.

Both the number of requests as a proportion of the applicable adult population, and the per cent breakdown of what happened following these requests, vary across authorities, partly as a result of different 'front door' delivery models which manage entry into the social care system. Whilst there may be some limited scope to manage demand by modifying these delivery models, it is important to ensure that those in need are not excluded from receiving help and support as a result

Number of requests for support received, by age for Rotherham

Area	Requests for support from new clients, aged 18+	Requests for social care support from new clients aged 18-64	Requests for social care support from new clients aged 65+
	2020/21		
	Count		
Rotherham	12,390	3,385	9,005

Requests for support are higher than England and Y/H region average but lower than nearest neighbours average

Percentage of requests have increased including for 65+ where nationally 65+ has seen a reduction

Requests for support as a per cent of the adult population, by age for Rotherham

Area	Requests for support from new clients as % of population, aged 18+		Requests for support as % of the population, aged 18-64		Requests for support as % of the population, aged 65+	
	2019/20	2020/21	2019/20	2020/21	2019/20	2020/21
	%					
Rotherham	5.21	5.97	1.86	2.18	15.17	17.19
Total for England	4.36	4.31	1.65	1.70	13.23	12.79
10th percentile for All English single tier and county councils in 2018/19 to 2020/21	6.68	6.38	2.91	2.83	19.83	17.93
Mean for All English single tier and county councils in 2018/19 to 2020/21	4.35	4.27	1.70	1.73	13.50	12.96
90th percentile for All English single tier and county councils in 2018/19 to 2020/21	2.13	2.12	0.62	0.67	8.18	7.98
Mean for Yorkshire/Humberside (ADASS Region)	6.47	5.54	2.76	2.03	18.34	16.67
Mean for Rotherham CIPFA nearest neighbours	6.15	6.27	2.35	2.58	18.09	17.80

1 Quartiles within All English single tier and county councils up to 2020/21

2 Quartiles within All English single tier and county councils up to 2020/21

3 Quartiles within All English single tier and county councils up to 2020/21

4 Quartiles within All English single tier and county councils up to 2020/21

## Assessments

This function provides the **strengths-based assessment** of the person to determine eligibility and need. It should be acknowledged that 'eligibility' is a golden thread of the new operating model, or of the way that we all work, in that every person across the organisation has a responsibility to determine eligibility. Eligibility begins at Adult Social Care First Contact, and never stops being assessed in line with prevent, reduce & delay. This function therefore relates to the **statutory assessment of need**.

**The purpose of this function is to provide financial and demand flow control, through a fair and consistent process which focuses on maximising outcomes of people (independence, prevent, reduce & delay).** There is a **legal obligation** to perform this function, though at RMBC this legal obligation is done through a strengths-based approach, which is proportionate to need.

**Eligibility is a golden thread of the model, and part of everyone's job and responsibilities, and therefore intersects all elements of the model. The Assessment function determines formal eligibility for both care provision and financial support, ensuring only the appropriate cases progress to a package of care provided by the council. It is also an opportunity for determining the possibility to exit the model / care pathway.**

### How we work in Rotherham:

**Person centred decision making** - a decision is made on how best to support a person in this function based on putting the person at the centre of their care.

**Reablement Focus** - a decision will be made as to whether the person could be eligible for reablement, and then if not which type of service to provide, with a view of the support plan to eventually exit the person from council-led support or care.

**Care and support proportionate to need** - the decision of offering care and financial support, and size / length of assessment should be based on the need of the person, to ensure a sustainable future for the council. This will sometimes mean saying "no".

**Safeguarding the population** - any safeguarding concerns during assessment should be escalated appropriately.

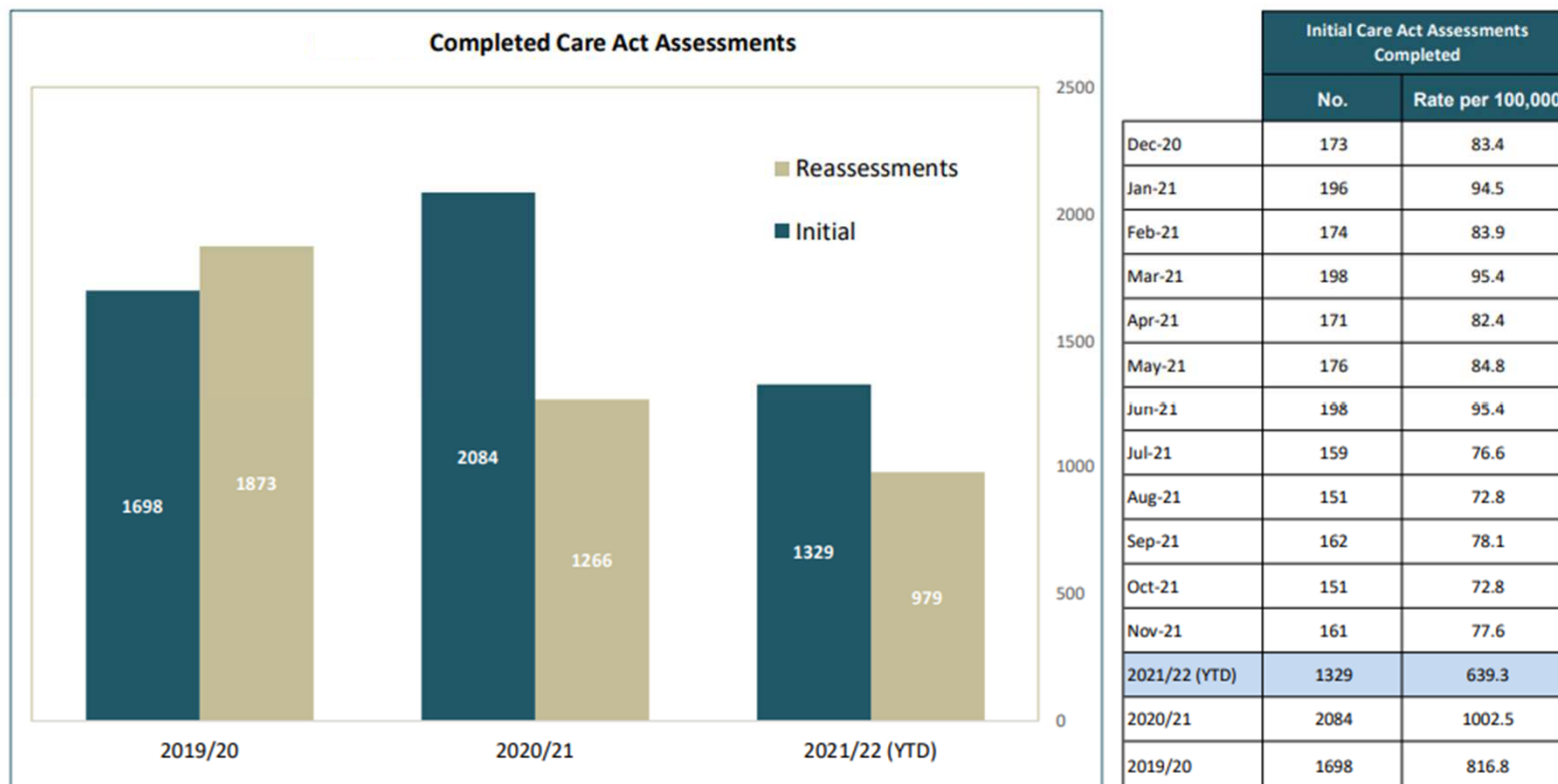
### What this means for people:

This function is intended for people who have entered the service through the front door and, based on their needs, were not signposted elsewhere for alternative support. They are looking to receive a form a support or care, which will be determined by a strength-based assessment of need as well as a financial assessment of eligibility.

These people have not been able to be supported through their personal, social, or local assets, as well as through low-level assistive technology support, and therefore there is a need to better understand what can be done to support their needs.



## Assessments – Performance Measures



The Adult Social Care Pathway is currently experiencing longer waiting times in specific service areas for allocation which is also impacting on people's assessment waiting times and rate of initial care act assessments. Risk management of the people awaiting allocation is in place but a dip sample of these customers will be undertaken from December to look at presenting issues , risks arising and management of these to provide full assurance

## Support, Care & Planning

This function provides the **episodic support planning, including reviews of provided care and support**. It is person-centred and considers first what a person can do or what they could do with support, and plans accordingly, including for their exit from care. A key element of this function is the review process to ensure that care is always appropriate and proportionate, and the focus is always on reablement, independence and self-management (as appropriate).

**The purpose of this function is to meet the needs of the person first, whether that be through council-related care and support or external partners, but also to plan for 'what is next', or for supporting independence.**

**The support, care and planning function enables individuals to maximise their independence safely, with a view that they exit the system when support is no longer required. It is a core delivery vehicle of the golden threads: prevent, reduce & delay, eligibility, quality assurance and safeguarding. Furthermore it must work closely and collaboratively with all functions, building on the information gathered and actions taken along the person's journey, avoiding duplication of efforts or any unnecessary handoffs to provide a seamless experience for the person.**

### **How we work in Rotherham:**

**Person centred decisions** - care and support put in place should be created, implemented and reviewed with the person's best interests in mind, and with a view on when it should end / the person should exit care.

**Digital and Technology** - care and support should make use of assistive technology where possible in order to reable a person to independence effectively.

**Reablement as a focus** - reviews should constantly be looking to reable and / or exit a person if possible; initial care and support put in place should consider reablement first where appropriate.

**Quality of Care** - it is everyone's responsibility to provide quality assurance, including when making care and support decisions

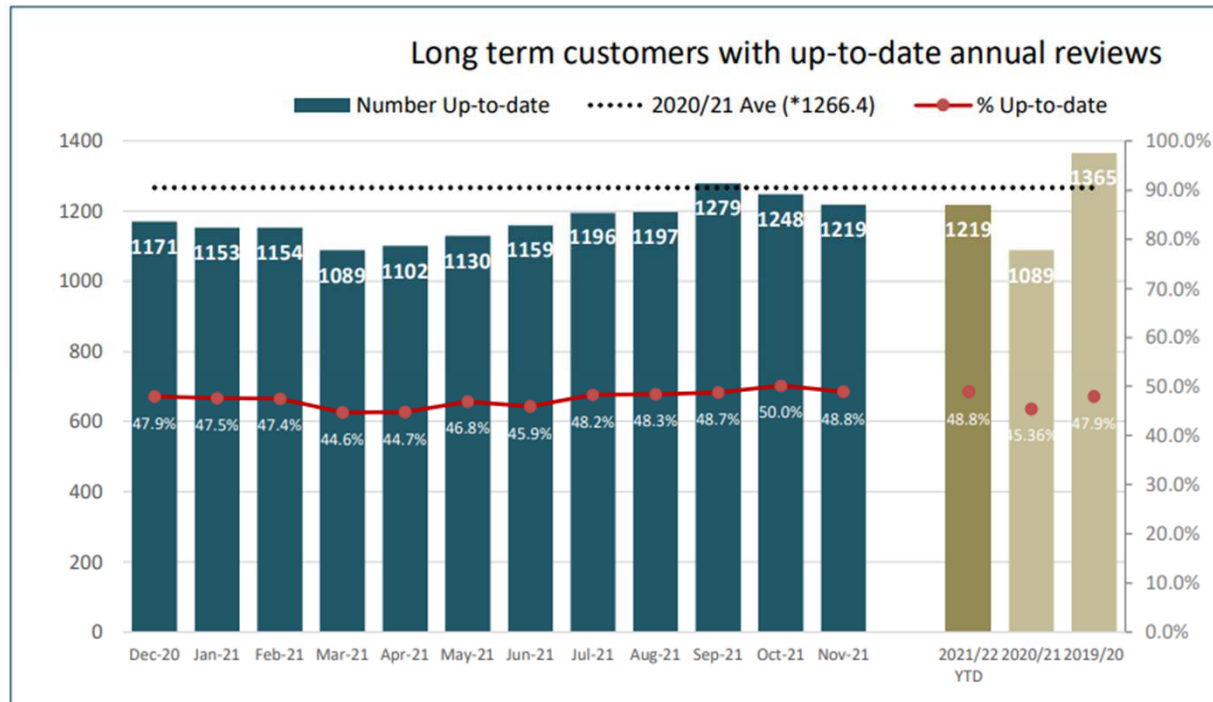
### **What this means for people:**

This function is intended for those individuals who have been assessed and a resulting decision has been made that they require support or care. This includes all types of care including reablement, acknowledging care should be organised around a person. This includes people who already have care in place, where this function provides the necessary reassessment of need to support independence effectively.

Finally this function is also intended for individuals who require support to leave hospital care and young people who are currently under the care of CYPS, and will be transitioning to Adult Social Care.



## Reviewing care and support – Performance Measures



	Customers Eligible for a Review	Number Up-to-date	% Up-to-date
Dec-20	2444	1171	47.9%
Jan-21	2428	1153	47.5%
Feb-21	2435	1154	47.4%
Mar-21	2442	1089	44.6%
Apr-21	2465	1102	44.7%
May-21	2413	1130	46.8%
Jun-21	2527	1159	45.9%
Jul-21	2480	1196	48.2%
Aug-21	2476	1197	48.3%
Sep-21	2627	1279	48.7%
Oct-21	2494	1248	50.0%
Nov-21	2496	1219	48.8%
2021/22 YTD	2496	1219	48.8%
2020/21	2502	1089	45.36%
2019/20	2850	1365	47.9%

The number of customers who have been on service at least 12 months and therefore eligible for an annual review has increased slightly this month from 2494 to 2496. This rise in overall numbers eligible, coupled with a reduction of 29 being 'up to date' means that the percentage of up-to-date reviews reduced to a performance of 48.8%, which is still the next highest performance level achieved over the last 12 months. The last two months actual number of reviews completed (256 and 249) have been approx 50 fewer than last years average and this continues a 4 month below 20/21 average trend. Reassessment activity was below last year's 107 per month average for the first time this year at 96.



# Market Shaping & Commissioning

This function covers **market development and the related procurement of care in the market**. This includes the activities of market shaping / development, commissioning, brokerage and procurement.

However, it should be noted that ultimately the **purpose of this function is to provide the necessary support to providers for them to provide good quality services for the population, focusing on improving the outcomes of people, and optimising the value of a Rotherham pound**. This also includes understanding the needs of the population and gaps in the market, stimulating the market to fill gaps with quality provision.

It is key to acknowledge that this function goes beyond the commissioning of care in the market, and instead is focused on proactive and information led decision-making to ensure the best provision of care to a strengths-based approach.

Through engagement in developing the detail of this function it was identified that market shaping & commissioning intersects all functions of the model. It is integral in understanding the needs of the public and shaping services and functions to meet those needs proactively rather than reactively. For example, prevent, reduce & delay can be enabled by the effective market shaping with the community and partners and the first contact can be supported by this function's awareness of external provider provision.

## How we work in Rotherham:

**Person-centred decisions** - the decisions on the care provided will place the person's needs and desired outcomes at the centre. This includes involving a person in those key decisions.

**Partnering and Collaboration** - this function will work collaboratively with partners and community to provide the best care for people to reach their desired level of independence.

**Quality of Care** - this function has responsibility for ensuring a high quality of care is given to people, and for actioning any feedback or necessary changes to maintain an optimal level of quality.

**Reablement as a focus** - in the new model market shaping & commissioning will deliver on the reablement focus, considering all possibilities for reablement before more long term types of care (e.g. residential)

## What this means for people:

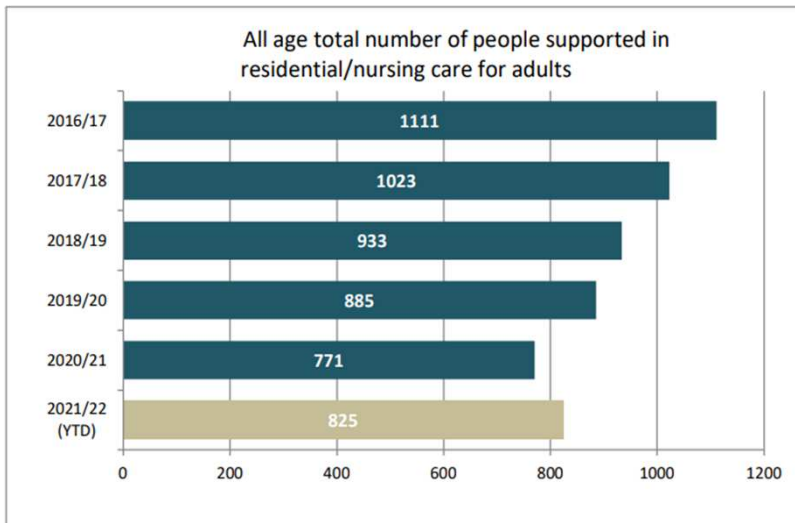
This function will work with ASC staff (including OTs) to find the best value, high quality care packages, focused on achieving the target outcomes for people and their needs.

This function will ensure that it matches care to the needs of an individual, focusing on episodic care planning and what the target needs of the person are.

This function is also intended to work with providers to understand how they can best meet the needs of people in Rotherham. This is both from a formal provision perspective, but also from a wider community perspective.



## People in services:



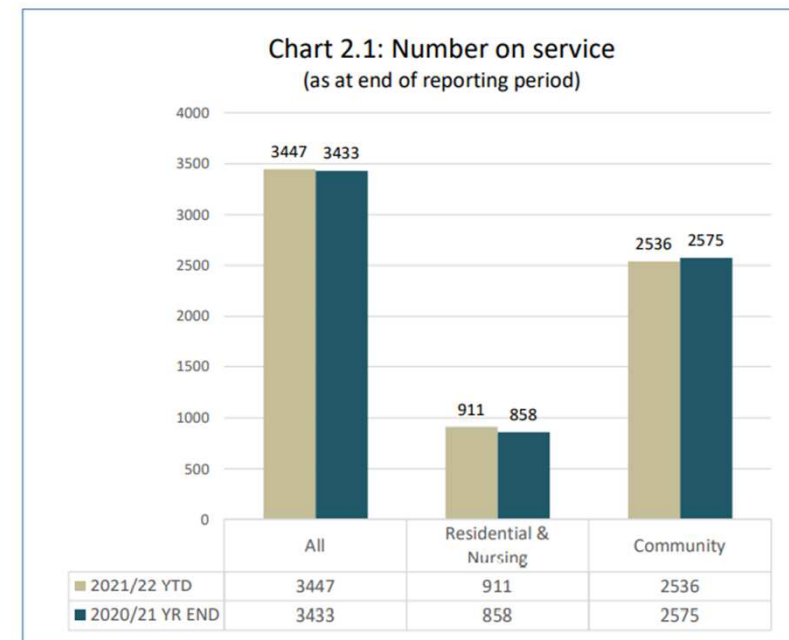
During 2020 during the heights of the pandemic, the number of adults within Residential or Nursing care fell significantly.

During 2021 these numbers have slowly risen and as at the end of November they were at 825, however this is still well below pre-Covid levels (2019/20) of 885 and new admission numbers are not as high as those seen in most months this year to date.

Our people (all age) living in residential care homes remains less than the comparable period in 2019/20 and this is reflective of the increased focus within adults' services to prevent, reduce and delay adult's need for care and support and that residential / nursing care must be always be last resort with all lesser restrictive options exhausted first

Overall figures show the 3437 total number of adults in receipt of a care package has increased by 0.4% this financial year or 14 packages since 2020/21 year-end position. This nett increase is primarily due to a +6.2% increase within Residential & Nursing placements which has increased from 858 to 911 adults (+53). Those supported within Community based service has slightly reduced since last year by 39 to 2536.

Colleagues in commissioning services have reviewed the increase in costs within Residential and Nursing and have linked it to the increase in Elderly Mentally Infirm (EMI) placements and particularly Nursing EMI, rather than residential care placements. This confirms that people with lower level needs are being maintained at home for longer. They have also reported an increase in complex cases where residents require 1:1 support due to challenging behaviours





## Benchmarking:

# Client numbers

Clients in long-term support as a per cent of the population, by age for Rotherham

Area	Clients in long-term support as % of population aged 18+		Long-term care clients as % of the population, aged 18-64		Long-term care clients as % of the population, aged 65+	
	2019/20	2020/21	2019/20	2020/21	2019/20	2020/21
	%					
Rotherham	2.27	2.51	0.93	1.00	6.24	6.98
Total for England	1.89	1.89	0.86	0.85	5.30	5.27
10th percentile for All English single tier and county councils in 2018/19 to 2020/21	2.58	2.53	1.17	1.15	8.54	8.47
Mean for All English single tier and county councils in 2018/19 to 2020/21	1.96	1.96	0.88	0.87	5.99	5.93
90th percentile for All English single tier and county councils in 2018/19 to 2020/21	1.51	1.47	0.66	0.66	4.03	4.04
Mean for Yorkshire/Humberside (ADASS Region)	2.00	1.98	0.91	0.90	5.52	5.41
Mean for Rotherham CIPFA nearest neighbours	2.16	2.17	0.95	0.94	6.00	6.06

1 Quartiles within All English single tier and county councils up to 2020/21	2 Quartiles within All English single tier and county councils up to 2020/21	3 Quartiles within All English single tier and county councils up to 2020/21	4 Quartiles within All English single tier and county councils up to 2020/21
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We are higher in percentage terms than our nearest neighbours but are just outside of the 10<sup>th</sup> percentile (highest) in England (all ages). 18-64 being closer to 10<sup>th</sup> percentile of people in LTC than 65+

More concerning is the increase from 19/20 to 20/21 which is not the case for comparators which are relatively stable

## How we measure what we do

The following diagram show the reporting framework we work to:



It shows how we link daily operational activity with people through the differing layers of the organisation to test and challenge ourselves in terms of the performance of our teams and our pathway. It also shows the timescales and frequency of our reports.

*The performance information within this pack is from our monthly directorate report level*

## How we compare in 2020/21 on our previous performance and amongst our peers:

Measure	Description	Good Perf	2020-21	2019-20	Direction of Travel	Regional	SN	England
1C1A	The proportion of people who use services who receive self-directed support	High	100.0	100.0	→	89.5	90.3	92.2
1C1B	The proportion of carers who receive self-directed support	High	100.0	100.0	→	77.7	90.0	87.1
2D	The outcome of short-term services: sequel to service	High	93.1	90.9	↑	68.3	71.3	74.9
2A2	Long-term support needs of older adults (aged 65+) met by admission to residential and nursing care homes, per 100,000 population	Low	431.4	562.2	↓	549.8	624.6	498.2
2B2	The proportion of older people (aged 65ov) who received reablement/rehabilitation services after discharge from hospital	High	2.2	2.1	↑	2.5	3.4	3.1
1G	The proportion of adults with a learning disability who live in their own home or with their family	High	79.3	79.3	→	81.6	80.8	78.3
2A1	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	Low	15.5	21.2	↓	14.1	14.2	13.3
1F	The proportion of adults in contact with secondary mental health services in paid employment	High	8.0	3.0	↑	11.0	8.7	9.0
1G	Proportion of adults with learning disabilities who live in their own home or with their family	High	79.3	79.3	→	81.6	80.8	78.3
1C2A	The proportion of people who use services who receive direct payments	High	22.8	25.5	↓	26.1	28.8	26.6
1H	The proportion of adults in contact with secondary mental health services living independently, with or without support	High	65.0	38.0	↑	65.0	63.1	58.0
1C2B	The proportion of carers who receive direct payments	High	62.5	94.8	↓	70.0	83.3	75.3
2B1	The proportion of older people (aged 65ov) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	High	70.0	72.3	↓	76.4	74.7	79.1
1E	The proportion of adults with a learning disability in paid employment	High	2.9	3.0	↓	6.0	5.2	5.1

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. Data is collected annually through a statutory data return from every local authority during May/June and with figures published late November.

The above table summarises Rotherham's latest performance against the ASCOF measures with comparative analysis against the previous year and benchmarking statistics for the Yorkshire and Humber region, CIPFA Statistical Neighbours and England national position.

This benchmarking data supplements the local performance management arrangements and provides valuable context regarding our position in comparison to others, informing service planning, improvement work and identification of best practice.

Please note that due to the pandemic a number of measures were placed on hold in 2020-21. These relate to Delayed Transfer from Care (DTOC) and User Survey related measures. Preparations are in place to complete the User Survey for this year however DTOC measurement remains on hold nationally.

# What is working well / not so well:

## Rotherham Performance 2020-21

### How did we perform within Yorkshire & Humber?

#### Top Quintile: 4/14 indicators

The proportion of people who use services who receive self-directed support	<b>Rotherham</b> 100
	<b>Y&amp;H</b> 89.5
	<b>England</b> 92.2
The proportion of carers who receive self-directed support	<b>Rotherham</b> 100
	<b>Y&amp;H</b> 77.7
	<b>England</b> 87.1
The outcome of short-term services: sequel to service	<b>Rotherham</b> 93.1
	<b>Y&amp;H</b> 68.3
	<b>England</b> 74.9
Long-term support needs of older adults (aged 65+) met by admission to residential and nursing care homes, per 100,000 population	<b>Rotherham</b> 431.4
	<b>Y&amp;H</b> 549.8
	<b>England</b> 498.2

#### Bottom Quintile: 2/14 indicators

The proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	<b>Rotherham</b> 70
	<b>Y&amp;H</b> 76.4
	<b>England</b> 79.1
The proportion of adults with a learning disability in paid employment	<b>Rotherham</b> 2.9
	<b>Y&amp;H</b> 6.0
	<b>England</b> 5.1
The proportion of carers who receive direct payments	<b>Rotherham</b> 62.5
	<b>Y&amp;H</b> 70.0
	<b>England</b> 75.3
The proportion of adults in contact with secondary mental health services living independently, with or without support	<b>Rotherham</b> 65
	<b>Y&amp;H</b> 65.0
	<b>England</b> 58.0
The proportion of people who use services who receive direct payments	<b>Rotherham</b> 22.8
	<b>Y&amp;H</b> 26.1
	<b>England</b> 26.6

#### Improvement work in progress

- Senior Management Team review monthly and operational action plan in place.
- Learning Disability Transformation Programme planning to refresh the employment offer.
- Improvement Plan in place to look at the carer journey – links with the refreshed carers strategy.
- Operational action plan in place to monitor numbers and people
- Direct Payment Improvement Programme in development.



Working well

## Summary

The information within this pack guides you through our Adult Social Care core pathway explaining; the duties for the local authority, how our operating model works in Rotherham and defines what this means for people who may need our support.

The core pathway is supported by a number of sub pathways which enable a person to have a positive adult social care experience.

The pathways layout the business process which in turn defines how our systems work. Processes and systems align to allow performance information to be gathered and evaluation of that data closes the loop checking us back to the pathway and the person.

Our local level performance feeds into a nation level so we can then benchmark our delivery and outputs for people against regional neighbours.

When performance indicators highlight a weakness in a particular area we move into improvement activity. Where we perform well we look at sustainability planning.

We balance performance outputs with outcomes for people and work is underway to ensure we have clear mechanisms for sharing peoples stories and experiences.

