

**Title of meeting: Cabinet Member for Health & Social Care Decision Meeting**

**Subject: Adult Social Care Intervention - Performance Update**

**Date of meeting: Wednesday 15<sup>th</sup> November, 2017**

**Report by: Dave Adams, Lead Interventionist, Systems Development Service**

**Wards affected: All**

**1. Requested by: Cabinet Member for Health and Social Care**

**2. Purpose** - As requested by the Cabinet Member for Health and Social Care, the purpose of this report is to provide an update on the performance of the assessment function for those parts of Adult Social Care that were within the scope of the service's systems thinking intervention, which began in October 2015.

**3. Information Requested**

**3.1 Background** - The Adult Social Care Intervention was initiated in October 2015 in response to concerns about service capacity and rising demand, and in particular clients experiencing unacceptable waiting times for assessment. Below we have set out in some detail the work completed, the metrics used to understand the performance of the system from the customers point of view, and the challenges that the service faces now as it continues to learn and improve.

**3.2 Scope of Intervention** - The scope of the Intervention from October 2015 onwards included all of the fieldwork/assessment functions for older persons and clients with physical disabilities. In terms of structure, this means:

- North Assessment & Support Planning Team
- South Assessment & Support Planning Team
- Central Assessment & Support Planning Team
- Occupational Therapy (city-wide)
- ASC Hospital Team

The Intervention team considered the process from the client's perspective, from the first request for help through to their needs being met by the service.

**3.3 Method** - The Intervention (and its various sequels in other areas) followed the Vanguard Method for Systems Thinking (VMST), which has been used within a

number of services across PCC over the last decade, most notably within the Housing Directorate. The method enables services to study their whole system from the customer's point of view and redesign the way that they operate based meeting the customer's need effectively, efficiently, and economically.

A formal 'Intervention' in this context comprises three stages<sup>1</sup>:

"Check" - A study of the existing system

"Redesign" - Experimentation with new approaches

"Roll-in" - Implementation and scaling-up of successful new approaches.

Following this approach will lead, inevitably, to extensive and fundamental changes to the design and management of the work.

**3.4 Performance to Date** - A key part of any Intervention is to consider the performance metrics or 'measures' currently in use within the service and review whether they enable us to understand and improve performance from the customer's point of view. Our work in late-2015 identified that the nationally-mandated statistics in relation to social care did not enable us to achieve a true understanding of operational performance. There were understandable concerns about the accuracy of 'in-year' data as well as problems of perspective - the previous measurement regime looked at volumes of output and activity, largely for the purpose of benchmarking. New measures were devised locally in early-2016 in order to enable us to understand the system from the perspective of the customer. In particular, we were keen to understand how long each element of the work took, and overall how long customers had to wait from asking for help through to their needs being met.

As a result, some of our key measures now relate to the elapsed time, in days, between different parts of the process:

- Contact (ie request for help) to understanding the need (assessment)
- Understanding need (assessment) to arranging support
- Arranging support to deploying support
- Overall time from contact to needs met

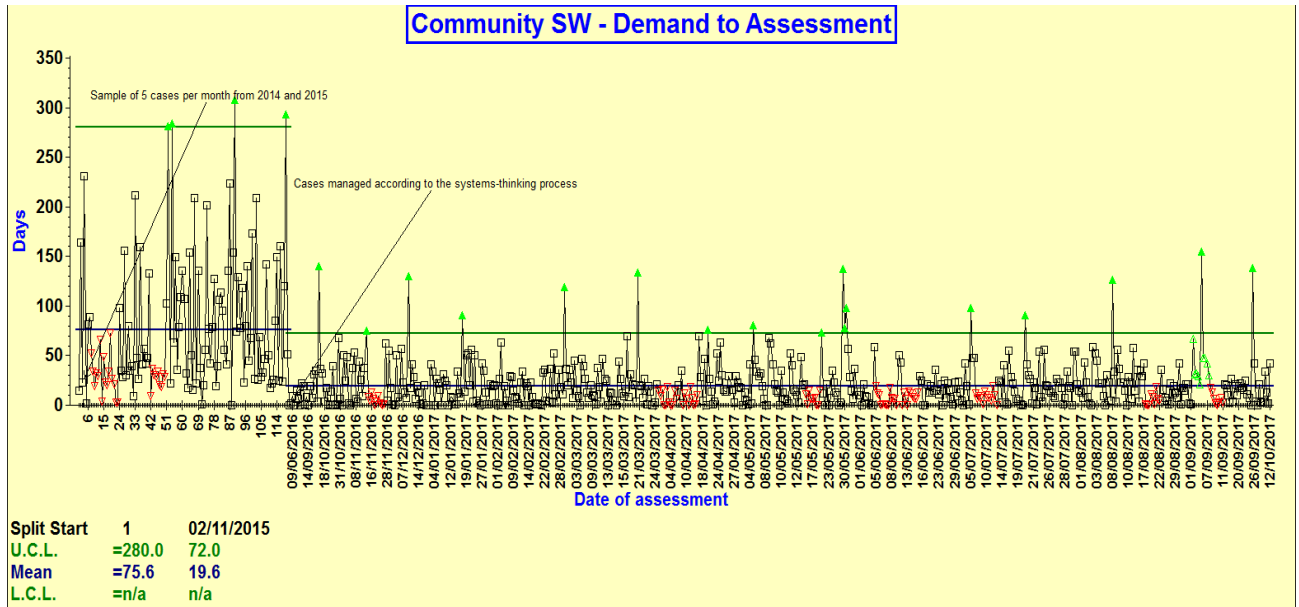
The suite of measures is constantly under review to ensure continued relevance. Inevitably, introducing new measures sometimes takes time, particularly where it involves both changes to the IT and then subsequently changes to the case recording process, and therefore training all staff affected in the changes.

As part of the new approach to measurement, the service now presents its performance data in the form of 'capability charts', which use Statistical Process Control (SPC). This enables a much more granular understanding of the performance of the service (ie at the individual client level), as well as enabling us to differentiate between normal variation or statistical 'noise', which occurs all the time in any system, and actual changes in performance over time that are statistically significant.

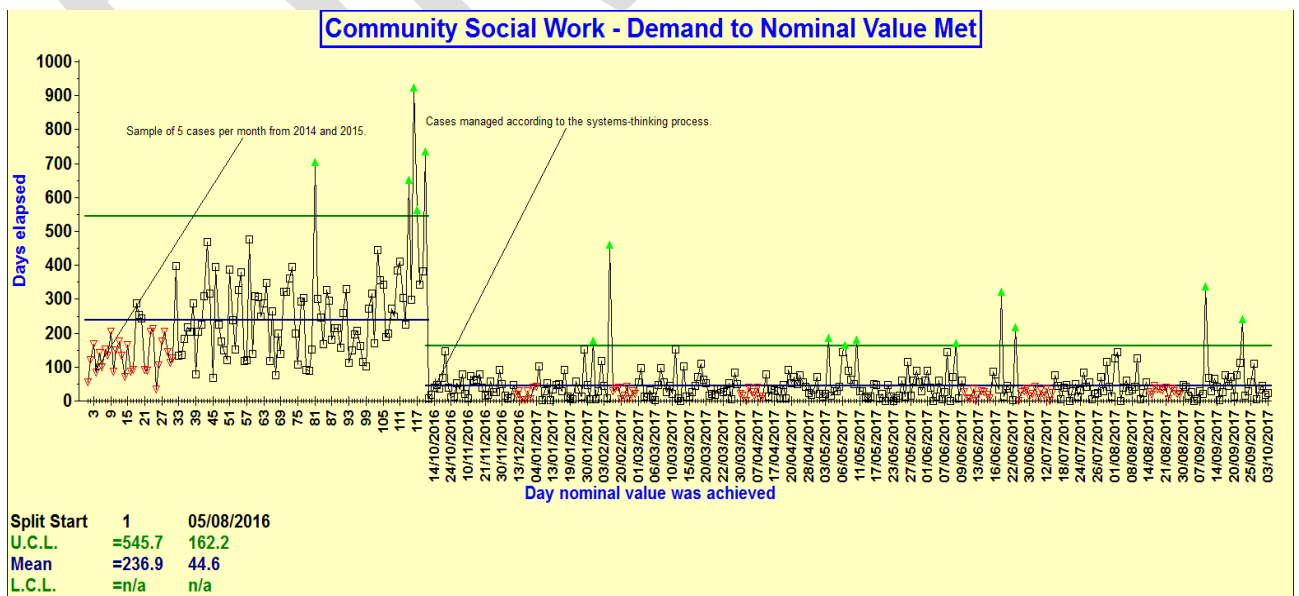
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<sup>1</sup> A fuller explanation of this approach is attached as an Appendix

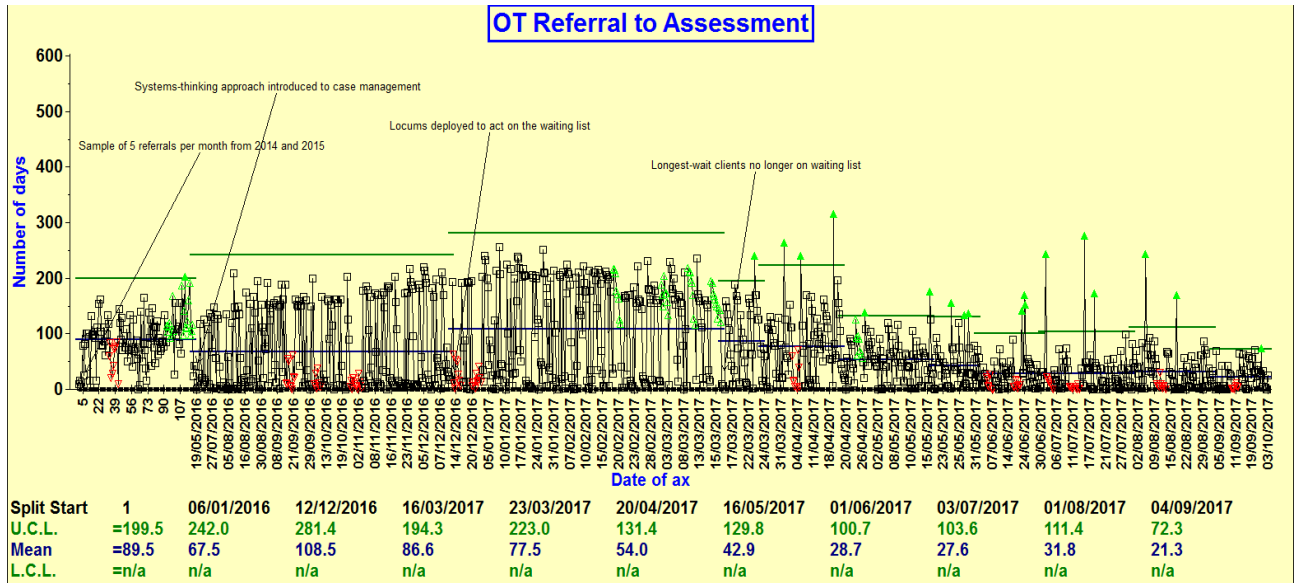
The granularity of this approach is particularly useful, as it enables us to see the range of client experiences rather than just the average. So, for example, the chart below shows that the time clients wait between asking for help and receiving an assessment is, on average, eight weeks shorter than in the 'old' system. While this is indicative of good progress, however, we can see from the chart that a small number of clients still wait an unacceptably long time to be seen. In cases such as these, managers are provided with the data and are then expected to investigate the causes of delay and to actively change the system in response in order to improve it further.



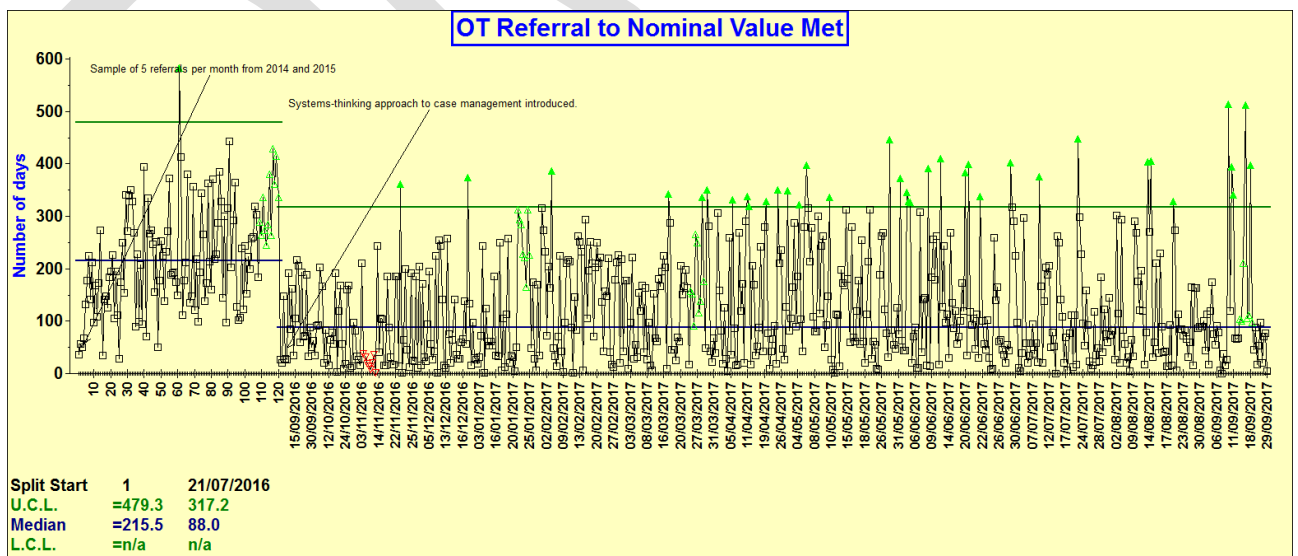
Similarly, the chart below shows improvement in the overall end-to-end process time - from demand to needs (or 'nominal value') being met. Again, although this is encouraging, the service continues to experience difficulties sourcing care for some clients in the current market, and this can lead to delays in some cases.



For clients of the Occupational Therapy (OT) Service, the situation has also improved, but there have been considerable challenges to date. As of October 2016, there were over 320 clients awaiting assessment and average waiting times of around 150 days. Since early-2017, we have temporarily deployed additional resources and there are now 40 clients awaiting assessment and the average wait for an assessment is down to three weeks. As the chart shows, the waiting time initially *increased* as we began to tackle the waiting list - this reflects the time that had already elapsed while those clients were awaiting allocation to an OT.

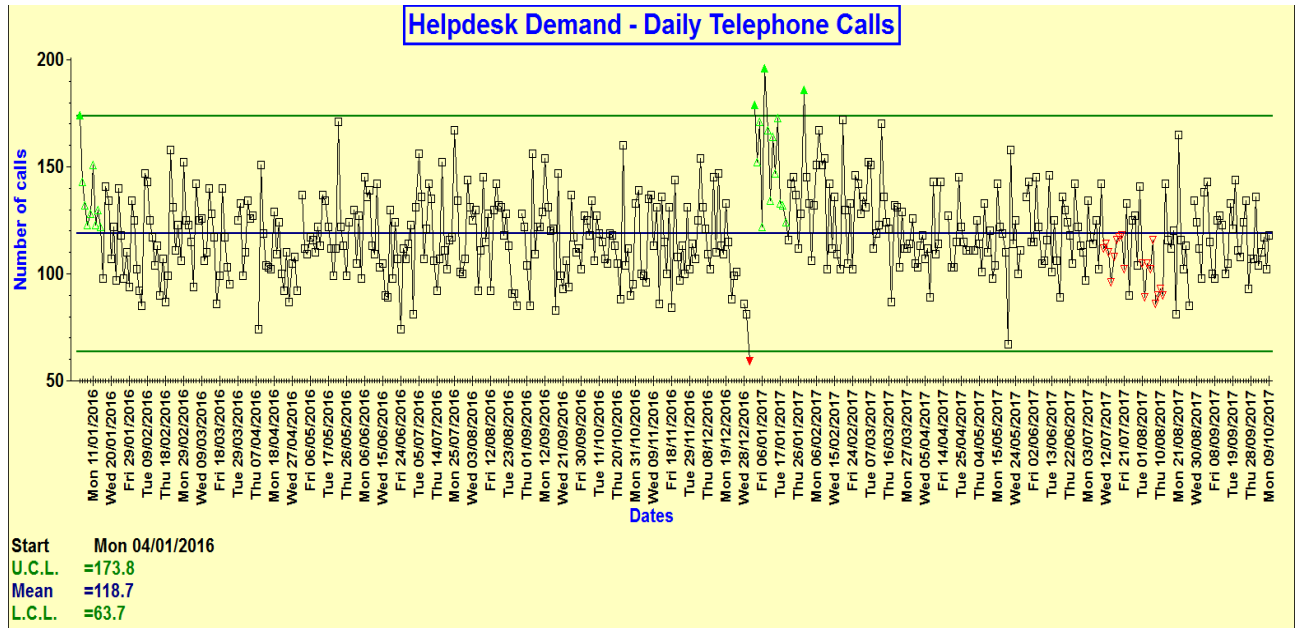


Again, similar good progress has been made for the overall end-to-end process for clients of the OT service, from asking for help to having their needs met. This measure will improve further as the legacy of the waiting list recedes.

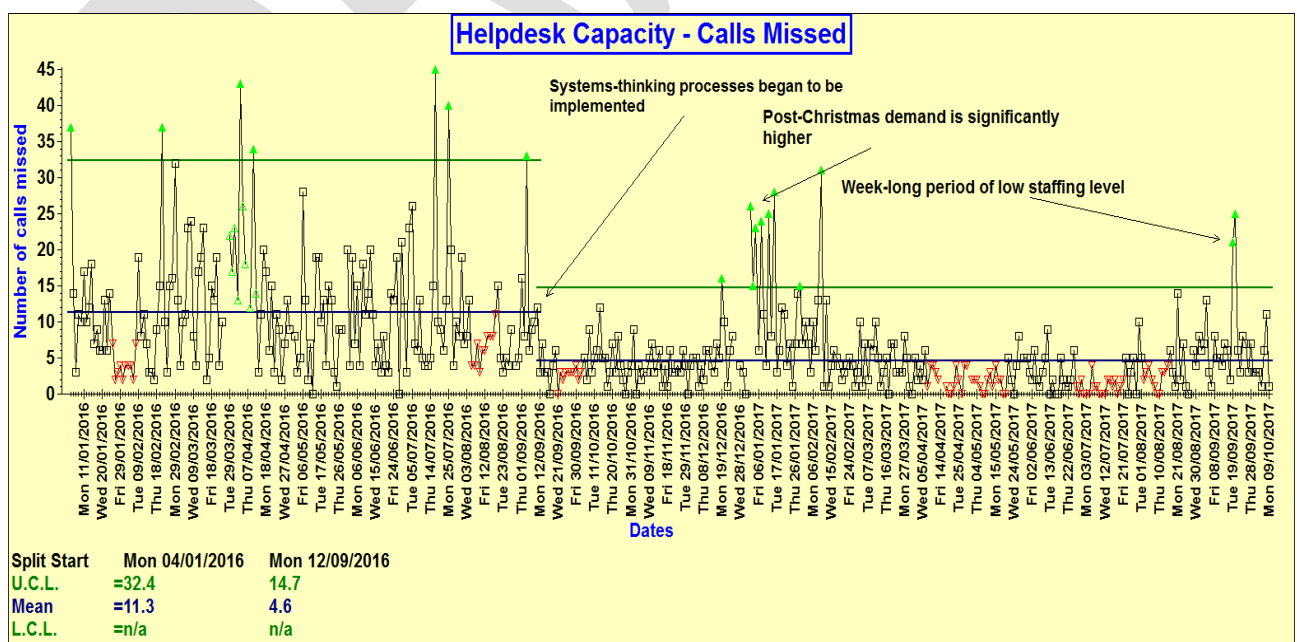


In addition to looking at practitioner-driven processes, we have also developed measures to understand demand and capacity at the 'front' of the system - ie customer calls to the ASC Helpdesk (demand) and whether these are answered (capacity).

The chart below shows that incoming calls are virtually unchanged since the start of this work - with the exception of a brief spike early in the new year, the call volume throughout the period is almost entirely stable (ie within the control limits).



However, the volume of calls *missed* has decreased and has stayed consistently lower since the changes were introduced.



Further measures are under development to help us understand:

- Demand (by service requested, as well as admin)
- Capacity (our ability to meet the demand)
- Quality
- Financials
- Customer Satisfaction

We are, however, mindful of the recording burdens that many forms of measurement generate for practitioners, and so will only introduce and maintain new measures if they can be used to genuinely understand and improve how the system works for customers.

**3.5 Ongoing Challenges** - For both Social Work and OT, the service has achieved good progress in reducing the time taken to assess clients' needs, as well as arranging for those needs to be met in a timely fashion. Inevitably, there are further challenges for the service to address and some of these are summarised below.

**Commissioned services** - Our work to date has focussed mainly on the practitioner case management process - the element of the work most directly within our control. For most clients, after an assessment, meeting need will mean commissioning services on their behalf from external providers and there are well-known capacity problems in the care market, both locally and nationally. This will continue to constrain our ability to deliver what matters to clients in the short-to-medium term. Further work is needed in this area to understand the problem in more depth and find alternative approaches.

**Management** - The move to systems thinking is only partly about changes in process. Much more important is equipping managers at all levels with the skills to constantly understand and improve the systems that they are responsible for. This involves a shift in management thinking about the way that we design and manage work, the way we measure performance, and, critically, an understanding that improving the system for customers will always provide greater leverage than focussing on the output of individual members of staff. Achieving this change in management thinking and service culture is vital to ensuring the sustainability of these changes in the longer term. Accordingly, intensive work is beginning with managers from November 2017 to support this process.

**IT** - The IT currently within use within ASC was found to be one of the key causes of 'waste' when we originally studied the flow of work through the system. It is not user-friendly, frequently crashes, and cannot readily provide useful data. The current system is due to be replaced during 2018 and it is vital that this is implemented in such a way as to support the delivery of the work, not impede it.

### 3.6 Further Work

Since the original intervention in ASC, a number of other interventions have been progressed in order to focus on parts of the system that were not part of our original scope.

These include:

**Financial Assessment & Benefits** - Looking at the process by which client's finances are assessed before the receive care and any financial contribution that they might need to make is agreed.

**Disabled Facilities Grants** - Looking at the process for assessing the need for and delivering adaptations to people's homes that enable them to remain in their own home and live independently (this process involves OT and Housing services).

**Administration** - Covering the administration functions within the main ASC admin team.

**Carer's** - Looking at the process used to assess and provide for the needs of carers in the city.

**Direct Payments** - Looking at the process for providing clients with a budget to purchase their own care, rather than using services commissioned or provided by the council.

All of these smaller interventions are at different stages. If required, we can report back to future meetings on progress with this additional work and explore the impact on the wider system.

James Hill, Director Property & Housing (including Systems Development Service)

Signed by (Director)

**Appendices:**

Appendix I - Explanatory note detailing systems thinking methodology

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Measures data for ASC	ASC W: Drive