Nottinghamshire County Council

Report to Adult Social Care and Health Committee

30 November 2015

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE

NEW WAYS OF WORKING FOR SOCIAL CARE IN NOTTINGHAMSHIRE

Purpose of the Report

1. To note progress and evaluations of the pilots of the new ways of working for social care staff

2. To seek approval for the development and implementation of a programme to roll out the piloted projects (scheduling, clinics and 'hub' worker role).

3. To seek approval for temporary 12 month establishment of the following posts in order to meet the on-going pressures and embed the new ways of working:

   - 20 FTE Community Care Officer (Grade 5) posts
   - 1 FTE Team Manager (Band D).

Information and Advice

National and Local Context

4. The social care challenge of how to manage significantly reducing budgets alongside rising demand for statutory social work functions, assessment, care management and packages of care is both a national and local issue. In addition to demographic pressures, councils have faced significant legislative change that has brought new duties and extended existing responsibilities. In response to the scale of the challenge, Nottinghamshire County Council published a new Adult Social Care Strategy in 2014. This includes a suite of projects to evaluate and implement more efficient ways of working for operational social work staff.

5. These projects were based on evidence as to what had worked in other local authorities. They were designed in response to reductions in staff capacity that were implemented in order to deliver the £2.26m savings of the Organisational Redesign Programme approved in 2014. The permanent establishment of the Adult Social Care Department has been reduced by 78 assessment and care management posts during 2014 and 2015. This equates to 16% of the assessment and care management workforce.

6. The impact of the reductions has been that whilst prioritising work requiring a prompt response such as Safeguarding and Mental Health Act assessments, the number of people with less urgent needs waiting for a social care, occupational therapy or carer

assessment/review has risen during 2015. This report sets out the case for accelerating the time-scales for piloting and implementing the new ways of working initiatives, in order to more rapidly free up staff time. This will create the capacity required to undertake workload demands within a lower staffing establishment and sustain lower waiting times into the future.

7. The following sections of the report set out the work undertaken for each of the projects and present the evidence from evaluations.

Mobilisation of the Workforce

8. All of the Adult Social Care operational workforce has now been issued with Lenovo Thinkpad devices. This uses Total Mobile software which enables assessments to be completed away from a work base such as in a service user's home. The devices have a wide range of other benefits including greater ability to work from home without the need to return to main office base between visits, access to You Tube for Occupational Therapists and access to Nottinghamshire County Council's 'Help Yourself' website whilst with service users.

9. Providing staff with electronic mobile tablet devices aims to increase productivity by 10% per full time equivalent post, reduce mileage costs for staff and enable the flexibility to work anywhere. Tablets were deployed into Older Adults and Hospital teams first and therefore data on the impact so far relates to these teams.

10. Assessment productivity was tracked per full time equivalent (FTE) worker for the Older Adults teams. This showed that some workers achieved a 15-20% increase in productivity per FTE over the past six months, with others showing minimal impact. This reflects that fact that some workers naturally took to using the devices more easily in their day to day work. A longer timeframe is required to fully embed this change in working style and achieve the full benefits, however the initial results are positive and overall for each team a steady increase in productivity is being evidenced.

11. Using the tablets reduces the need for staff to travel into office bases, which both frees up staff time and reduces spend on travel. Year to date, mileage claims for the Older Adults teams are on average 16% lower in 2015 compared to 2014

12. Current feedback shows that 90% of staff are comfortable using the device and are happy with the flexibility they have provided to their working lives. A proportion of staff indicated that they need to be more comfortable and confident with the device to be able to utilise it effectively alongside service users and not just in between visits. In order to assist staff to adopt new working practices, a new support and training strategy (AfterCare) has been developed. This can tailor support depending on individual staff requirements and includes options of 1:1 support, group refresher training and e-learning. A number of case studies showing innovative use of the tablets are also being developed. It is believed that by providing more support and training, all teams will begin to see productivity rise over the longer period of analysis.

13. Staff fed back that service users are interested in the Thinkpad devices and will often ask about them and how they can be used. There are clear benefits for service users; staff have been able to complete assessment forms on the spot, check out funding

issues with providers immediately, use the web to search for things for their service users and utilise equipment videos on You Tube to demonstrate how equipment use.

Social Care Clinics

14. The aim is to establish clinics that people can attend for Occupational Therapy or Social Care assessments, thus avoiding the need for a home visit. This reduces staff travel time and therefore frees up more time for staff to complete assessments. Two pilots started in 2015 in Rushcliffe and Bassetlaw Older Adults Teams. It is important that clinics are targeted at the right people i.e. those physically able to attend. The teams have initially begun by working through appropriate cases awaiting assessment, for example, people presenting with social isolation and carers requiring support and advice and there is now scope to broaden this out to more people. To date, a mixture of 19 full and half-day clinics have run across the two pilots and 62 service users or carers were assessed up until 30th September 2015.

15. As anticipated, staff working in clinics have been able to undertake significantly more assessments than usual. They have quickly grasped the opportunities associated with clinic based assessments and the workers involved are convinced of the benefits. Word of their success in helping to manage increasing workloads is spreading and other teams are now approaching the project pro-actively seeking help with setting up their own clinics.

16. People who have attended the clinics for their assessment have also provided feedback to the Rushcliffe team via a survey. Whilst the completed response rate is as yet low (12 of the 62 - 20%), the messages received through the survey are positive.

- 100% stated they had been contacted in a reasonable timeframe and that the 45-60min appointment was appropriate
- 100% stated that the assessing staff were knowledgeable, helpful and allowed them time to ask their own questions
- 100% stated the clinic venue was appropriate for their needs and that Health Centres or Community Hospitals could be good venues in the future.

17. People attending clinics also felt that there could be opportunities for clinics to provide information on a range of other subjects such as Welfare Benefits, Fire and Home Safety checks, Falls Prevention advice, Meals at Home, Local Handyperson Services and Energy Saving Advice. This will inform the future development of clinics.

18. Evidence from other local authorities implementing clinics, such as Shropshire County Council, shows that there is benefit from adopting clinics at a greater scale. The initial service user profile for the clinic pilots has focussed on relatively simple and low level eligible needs such as social isolation cases. It is planned to now extend and test the most appropriate service user profile for clinic appointments further, following Shropshire's model, with the intention of rolling out clinics across the department. Current clinics being planned and set up for launch over the next three months are:

a. Occupational Therapy clinics (Countywide)
b. Gedling Learning Disability team review clinics
c. Newark Older Adults social work clinic

d. Ashfield and Mansfield Older Adults social work clinics
e. Broxtowe, Gedling and Rushcliffe physical disability social work clinic.

19. Further suitable locations are also now being sought which include opportunities for holding clinics in Health Centres, Community Hospitals and GP Practices, in partnership with local Clinical Commissioning Groups.

Scheduling fieldwork appointments

20. This involves social work field work appointments being automatically scheduled into field workers' diaries following triage by the Adult Access Service. In advance, field workers block out a pre-agreed number of slots in their diary and forward these to the Adult Access Service for work to be scheduled into. Assessment teams in adult social care currently allocate new assessments and pieces of work. The allocation process currently varies across different teams who use a mixture of meetings, team manager allocation and self-allocation. When waiting lists start to accrue, additional work is required to constantly review and re-prioritise cases to ensure that those most in need are allocated first.

21. Scheduling is a tool to support managers in allocation of work and at no time replaces or overrides professional judgement. This can still be exercised, for example, to defer scheduled work in order to pick up sudden incoming urgent work. Positively the amount of times that this is needed is rare and is one of the areas monitored.

22. The evidence base from evaluations of similar projects in other councils, such as Kent, have shown that this is an effective way of reducing the time it takes for people to have their assessment or review completed, saves social worker time and avoids people having to wait for their assessment to start.

23. In Nottinghamshire two pilots are now underway, with the first at Mansfield and Ashfield Older Adults team for Occupational Therapy and the second at Rushcliffe Older Adults Social Work Team. Analysis is available from the first pilot.

24. Scheduling is the initiative that staff express most worries about, mainly regarding perceived potential lack of autonomy over their workload. Trade Unions have been engaged regarding the pilot. Close working with each team is required to allay concerns, address any issues and ensure it can operate appropriately to meet each team's differing needs. Whilst staff views do vary, analysis shows some early significant benefits to service users, as well as in assessment productivity. In pilot 1 there has been a significant increase in the percentage of assessments completed within 28 days from point of contact. A twelve month average was taken as a baseline pre-scheduling, which was 27%. Post scheduling, this increased by 54% to 81%.

25. The average number of working days each assessment has taken from initial contact to assessment end has also significantly reduced post-scheduling. The pre-scheduling average was 34 days. Post-scheduling, this was 23 days.

26. Interdependencies have been identified with the next initiative outlined in this report; the hub worker role. This has been important as it has enabled one person to be available in a co-ordinating role to link with the Adult Access Service. Planning is now

underway for a third pilot with a Younger Adults team, implementing scheduling, telephone assessments and clinics at the same time. The initial indications from the first pilot are that, if tailored to individual team's differing workload profiles and supported by a hub worker role, that there is a positive impact. It is therefore recommended that scheduling is rolled out across the Department if all three pilots prove to be as successful.

Hub Worker Role

27. Research conducted with the Older Adults and Younger Adults Occupational Therapy (OT) staff based at Mansfield/Ashfield in 2014, showed that approximately 42% of work related activity was non-assessment tasks that did not require a qualified OT to undertake. In addition to reductions in qualified staff in the teams, administrative support has also reduced. Whilst many administrative tasks can now be done easily by individuals directly using electronic devices, other tasks, such as arranging appointments, continue to take the same amount of time and now have to be undertaken by assessors themselves.

28. Learning was taken from the model used by Able2. This is a private sector provider of Occupational Therapy equipment and assessments that the department has worked with previously. Able2 utilised a team support role to undertake the majority of the non-assessment activity, in order to free up qualified worker time for assessment.

29. In the two current pilots, hub workers have been undertaking a wide range of tasks throughout the past ten months, including completion of telephone reviews, scheduling service user visits, ordering and following up equipment for delivery, liaising with district councils over reviewing case priorities and arranging visits with equipment company representatives.

30. To date over 70 cases have been reviewed and closed by the hub role in the Newark and Bassetlaw pilot in the past ten months and the number of assessments that OTs in the teams were able to complete also rose significantly.

31. Group Managers have strongly supported the development of the hub worker role in social care assessment teams, especially in light of the way in which it has complimented the scheduling pilot and work has begun on this.

32. If this also evaluates well, the recommendation is to roll out the hub role to all teams. The intention is to remodel existing establishment posts within teams into the hub posts and one team has been able to do this already. Other teams will need a short term post in place until a relevant vacancy affords the opportunity to change the role.

Telephone Assessments

33. The 2015/16 target was to reduce the number of assessments conducted face to face by 10%. This is to be achieved through offering alternatives such as telephone assessments/reviews and ultimately online assessments.

34. Telephone based assessments have already been successfully tested and used within some areas of the Department, for example for carers' assessments and non-complex

occupational therapy assessments. In these areas, a worker can complete 3-4 non-complex assessments per day.

35. The use of telephone assessments has not, however, yet become mainstream. Currently only 2% of new social care assessments are being completed over the telephone. The Transformation Portfolio Team is therefore working with a number of operational teams to provide further training for staff, support teams to identify the service users who would be most suitable and work with team managers to identify how to support staff to embed this new approach.

Online Assessments

36. The availability of supported self-assessment is a central aspect of the Care Act. The availability of online assessment tools is crucial to enabling this in the most efficient way. Most councils are developing online assessments; in Oxfordshire for example 68% of all their carer assessments are now completed on line.

37. The Council is developing contact assessments and service user and carer assessments to be available on line via the County Council website from next year.

38. ADL Smartcard software aims to support online simple Occupational Therapy assessments. The software allows assessments to be undertaken with service users without the need for a home visit. It is believed that this software could be used both online and in clinics and a pilot is planned to evaluate this.

Delivering Cultural Change

39. Strong managerial leadership is required to achieve the agreed direction for the new ways of working and the overall Adult Social Care Strategy. A number of initiatives are supporting this, including leadership events for staff held with the Senior Leadership Team in May 2015 and breakfast sessions in localities with Service Directors.

40. Temporary additional capacity is required in the operational teams to reduce the current rising number of people waiting for a service and at the same time roll out and embed the new working practices. Approval is therefore sought for up to twenty Community Care Officer (CCO) posts and one Younger Adults Team Manager post to be utilised across the department for up to twelve months. This will enable delivery of a sustainable solution to the pressures being experienced across the County in younger adult, older adult and countywide operational services. The posts will also support the development of further mitigating business cases to propose to Committee, for example, the potential impact of developing generic social care and OT Community Care Officer posts. The cost of funding these posts up to 31st March 2016 can be met from the existing Care Act Grant and from April 2016 will be met from any future Care Act grant funding. If the Council does not receive enough grant in 2016/17, the additional costs will be met from departmental reserves.

Service User Engagement

41. In order to gain wider views from service users, social care clinics, workforce mobilisation and auto-scheduling of fieldwork appointments were all discussed at the Departmental Involvement Group on 10th March 2015. The Group accepted the concept of clinics as a good way of seeing appropriate service users in an efficient manner and were pleased with the prospect of knowing when they will be seen earlier in their social care journey.

42. Further engagement was undertaken with the Arnold Golden Eagles group. This group were very complimentary of the plans to schedule appointments, undertake assessments in clinic settings such as day centres and GP surgeries and had no issue with technology being used as part of their assessment process.

43. Service users, carers and referrers from other agencies have all agreed to test online forms before they go live. Their feedback will be analysed and changes made as a result. There is a plan to run focus groups of carers, service users and staff prior to launching our online assessment tools to ensure that we guide and support users in the best possible way.

Key Risks and Mitigating Actions

44. The key risk is the speed in which the new ways of working need implementing in order to quickly deliver the additional capacity required to mitigate reductions made in permanent staffing establishments. Programmes are therefore being carefully designed with staff to ensure that they are fully engaged in changes to local working and have a variety of learning opportunities to develop the skills they need at pace.

Other Options Considered

45. At the beginning of the work each new project was researched to see what best practice and models were available and the evidence base for these. Option appraisal has identified the best and different approaches to these have been considered through the pilots. Any new ideas that the Department becomes aware of are considered on an on-going basis and if thought to be appropriate will be brought to Committee.

Reason/s for Recommendation/s

46. Demands on the operational teams are increasing alongside a reduction in posts. Waiting lists are now starting to rise and people with low priority needs are waiting for the longest times. The pilot projects of New Ways of Working were put in place in response to these risks. Initial learning has shown that there are interdependencies between the initiatives which deliver the best benefits when rolled out together to each team. Now that initial pilots have shown to be beneficial, it is recommended that they are rolled out over the next twelve months and implemented across all the teams in order to support them to be able to effectively manage the rising incoming workloads. Feedback from service users is positive, especially regarding reduced waiting times for assessments. The work will be completed by the Ways of Working Board, reporting into the Senior Leadership Team.

Statutory and Policy Implications

47. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

48. Costs of up to £18,000 are anticipated for venue hire for social care clinics. Work to identify suitable locations has begun with local Clinical Commissioning Groups which could help to reduce these costs as well as provide more integrated services.

49. In February 2015, Adult Social Care Committee agreed additional temporary resources to manage increased demand arising from the Care Act. Not all the posts were deployed at the start of the year, so that the impact of the Care Act could be monitored and posts deployed where pressures arose. The cost of funding these posts up to 31 March 2016 can be met from the existing Care Act Grant and from April 2016 will be met from any future Care Act Grant funding and not the County Council base budget. If the Council does not receive enough grant in 2016/17, the additional costs will be met from departmental reserves.

    It is therefore proposed to use this remaining £715,500 to fund the temporary posts set out at **paragraph 40** of the report.

    - 20 temporary 12 month Community Care Officers (£31,201 per post) = £624,020 including on-costs
    - 1 temporary 12 month Team Manager = £52,860 including on-costs
    - 21 x average mileage cost @ £1,300 = £27,300
    - 21 x ICT set up @ £450 = £9,450
    - Total cost = £713,630

Implications for Service Users

50. Benefits to service users have been detailed under each initiative. Overall, people should see reduced waiting times for assessments and be able to have the assessment completed in a way that is more tailored to their needs.

Human Resources Implications

51. The posts will be recruited to on a fixed term contract basis for one year from the date of appointment.

RECOMMENDATION/S

That Committee:

1) notes the progress and evaluations of the pilots of the new ways of working for social care staff

2) approves the development and implementation of a programme to roll out the piloted projects (scheduling, clinics and 'hub' worker role).

3) approves the temporary establishment of the following posts in order to meet the on-going pressures and embed the new ways of working:

- 20 FTE Community Care Officer (Grade 5) posts with authorised car user status
- 1 FTE Team Manager (Band D) with allocated authorised car user status

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Constitutional Comments (SMG 17/11/15)

52. The Committee has the responsibility for adult social care matters and approval of relevant staffing structures as required. The proposals in this report fall within the remit of this Committee.

53. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (KAS 16/11/15)

54. The financial implications are contained within paragraphs 48-49 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Organisational Redesign and resources required for Care Act Implementation
Link to: Organisational Redesign and resources required for Care Act Implementation

Electoral Division(s) and Member(s) Affected

All.

ASCH353