

13th March 2017

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE UPDATE ON NEW WAYS OF WORKING IN ADULT SOCIAL CARE

Purpose of the Report

1. To update Committee on the impact of the new ways of working across Adult Social Care.

Information and Advice

2. The aim of the programme was to identify and implement new ways of working that would free up time to enable staff to be able to undertake more assessments, support plans and reviews and for this to be proportional to the complexity of each individual's needs. The programme started in the Adult Social Care, Health and Public Protection Department with the deployment of mobile devices to frontline staff in February 2015 and has since expanded to include:
 - a. the development of a hub role in field work teams; this splits tasks down and allocates them swiftly to the most appropriate member of the team to make effective use of time
 - b. scheduling appointments for service users directly into workers' diaries; this speeds up the process and allows the service user to know as early as possible when they will be seen by a member of the department
 - c. increasing the options available to service users of how their assessment or review will be undertaken, this includes being able to complete it online in the case of carers and over the telephone and in clinics for both Social Care and Occupational Therapy assessments. While home visits to service users will always be available where other methods are not appropriate, reducing the amount of time spent travelling to visit service users increases the department's capacity to complete more assessments and reviews and reduces the cost of travel expenses.
3. Regular progress reports have been provided to Committee since the programme began and have been included in the quarterly Portfolio updates to Policy and Adult Social Care and Health (ASCH) Committee. This reports seeks to provide a comprehensive update on the progress so far and highlight some of the benefits of each new way of working, as requested at the Committee meeting in December 2016. When the programme was started, due to demand for social care assessments increasing significantly, the numbers of people having to wait longer than the departmental target of 28 days for an assessment were rising. Temporary resources were deployed to manage this, whilst the new ways of working

programme was implemented with the aim of minimising the numbers of additional staff required in the longer term.

4. In November 2015 Committee approved the temporary establishment of 20 FTE (full-time equivalent) Community Care Officers to support developing and embedding the new ways of working. The report that established these posts is the New Ways of Working for Social Care in Nottinghamshire report which is available as a background paper. The posts have been crucial to the success of the programme and have focused mainly on clinics, the hub role and scheduling. All 20 posts will cease as planned in March 2017 and the work is being picked up as business as usual by the teams.
5. The combined impact of all the new ways of working has delivered a 30% increase in productivity across the Older Adults Service when comparing data for a snap shot of the same four months in 2015 with 2016. In the same period, there was a 17% increase in the number of assessments completed within the 28 day time-scale.
6. In addition to these improvements in performance it has been determined that there was a 15% reduction in spend in the 2015/16 mileage budget compared to 2014/15, taking a 2% overspend to a 13% underspend for teams who were fully mobile with tablet devices.

Mobilisation through the use of tablet devices

7. Since March 2016 the project has been focusing on after care support to staff to ensure that they are skilled to use the mobile device and feel confident in doing so. Support provided includes, 1:1 sessions with technical specialists, team device confidence sessions, as well as Total Mobile refresher training. Total Mobile is the software on the mobile devices that allows access to the Council's database system, even when there is no internet connection available to staff.
8. The project has addressed a number of Occupational Health concerns through arranging a larger mobile device for those individuals who have experienced difficulties in using the smaller tablet.
9. Work has been completed with the Smarter Working Programme and ICT services to agree corporate funding for future devices as part of the asset replacement programme. £2.1m capital funding was agreed for this purpose as part of the Funding for Smarter Working report approved by Policy Committee in November 2016.
10. The impact of the aftercare support provided has been positive and helped to increase the use of the devices in general but also the use of total mobile software to access framework whilst with Service Users, by 14% for the Occupational Therapy team and 7.5% for Social Care teams since April 2017.
11. Whilst these increases show an improvement there is still further work to be done to support staff to maximise use of the devices, particularly in face-to-face visits with service users. Working in this way is a big cultural shift for some staff and in order to help build staff's confidence and ensure the Council continues to provide a high standard of customer service to service users, a number of videos are being produced with helpful pointers and advice. An existing Project Manager specialising in change management from the Programme and Projects team, will also continue to work closely with teams to address any

outstanding issues. The department has also secured the allocation of a change project manager from the corporate Programmes and Projects team who will continue to work closely with teams to address any outstanding issues and ensure that maximum benefit is gained from having the devices. Individual targets are set for staff with their manager as part of their yearly review and progress is discussed in their regular supervision meetings.

Hub Working

12. The hub working model increases the available time for Social Workers and Occupational Therapists to carry out assessments and complex case work through having one or more non-social work qualified Community Care Officer carrying case work tasks on their behalf, essentially moving tasks that do not need the input of a professionally qualified worker to another member of the team. By centralising these tasks they can also be carried out more efficiently as they can be grouped together and organised more effectively. The intention was that this would allow the assessing staff to focus more on carrying out and completing assessments within timescale and reducing backlogs.
13. In addition to freeing up capacity the hub role also supports other new ways of working. Two examples of this are the support the hub role provides to the scheduling of appointments in teams and the contribution the hub worker makes to encouraging the greater use of Social Care Clinics.
14. An evaluation of the effectiveness of the hub role was undertaken in October 2016. 14 of the FTE temporary Community Care Officer posts were focused on developing this role within local teams. The evaluation showed that having 14 FTE workers undertaking a hub role completed an amount of work that would otherwise have taken 39 FTEs to complete in the same amount of time. While the other elements of New Ways of Working also contribute to this increase in activity the analysis proved that the model could yield significant efficiency savings.
15. Following this analysis the ASCH Senior Leadership team has agreed that the hub role should be adopted on a permanent basis and are working with managers across the service to ensure that the model can be sustained within existing establishments once the temporary resources are withdrawn.

Scheduling

16. Scheduling appointments for service users who need an assessment means people are offered an appointment time much earlier in the process than previously, removing the uncertainty of how long they may be waiting.
17. All of the Older Adults Occupational Therapy team and three of the seven Older Adults Social Care teams now offer this service. The Adult Access Service, as a first point of contact, books the appointments with service users directly into slots that social care staff in the district teams have identified and held free in their diaries. The remaining four Older Adults Social Care Teams will also be offering scheduled appointments by the end of April 2017.
18. Scheduling helps to provide more efficient services to people requesting assessments and reviews by avoiding the need for them to contact the customer service centre to find out

when they are likely to be seen. It streamlines the process, thereby reducing the average number of days people wait to be seen, as well as supporting the increase of assessments completed within timeframes.

19. The number of social care assessments in timescale has been steadily increasing in the last quarter of 2016 and was at an overall average of 81% for all Older Adults teams. The latest data shows that in the three social care teams that offer scheduling, 100% of assessments were completed within timescales for December 2016.
20. Once the roll out of scheduling to Older Adults teams has been completed, work will be undertaken to scope out and tailor the approach to other teams that could benefit from the offer. This will include Younger Adults teams, where there are typically lower numbers of new assessments but high volumes of request for reviews, which could also be scheduled.
21. There has been positive feedback from people about their experience of having their appointment scheduled, this includes the examples below that have been recorded by the teams scheduling the appointments. The feedback received so far is largely positive from service users, the only negative feedback has been around needing greater choice of venues and days which is being addressed.

"I didn't expect to be seen that quickly. My understanding was it would be up to 28 days"

"I was impressed with the speed in which you have responded to my initial call for support and it is a very efficient service overall"

22. There have also been positive benefits for fieldworkers in the teams from using scheduling that have been fed back to the Project Team via Team Managers, including:

"I have found that the scheduling of my work is really useful – as I know in advance where I'm going and when the visit is happening. I have organised my calendar to suit this new way of working so I make slots available on a particular day and can then focus on my assessment work subsequently." - from a Community Care Officer in Mansfield and Ashfield Older Adults team.

23. The scheduling of appointments directly into social care staff's diaries represents a culture change for teams, and as scheduling has been rolled out teams have found it challenging but over time, and as they have seen the benefits for service users, staff have become more positive about the offer.

New options for completing Assessments and Reviews

24. In order to provide a range of different ways for social care staff to work with people, as well as being proportionate with the time they require to complete work, staff have been developing ways to complete assessments and reviews over the telephone and in clinics. By working in a more proportionate way, staff can complete more assessments and reviews as well as spend more time with those service users and their carers who have the most complex needs. It also allows staff more time to work with service users to find informal support in the local community, helping to reduce the need for formal social care services. This is particularly important at a time when demand for services is increasing, alongside central government funding reducing significantly.

25. The majority of Older and Younger Adults Community teams now offer the option of telephone and clinic assessments and reviews. A service user's suitability for each method is assessed by the Adult Access team and face to face home visits are still available where they are required. This can often be more convenient for the service user as they can do this at a time or place that suits them. Further work is underway to increase the number of locations. A map of where clinics have or are taking place is attached as **Appendix 1** to this report for information. If Members are aware of any venues where clinics could be hosted in the future please contact the ASCH Transformation Team on ASCH.TransformationTeam@nottscc.gov.uk.
26. Following the development of these methods over recent months, there has been a reduction in work being completed face to face, which along with the deployment of mobile devices has contributed to the previously mentioned 15% reduction in travel expenses. As of November 2016 more than 25% of social care reviews were completed over the telephone or in a clinic with this figure rising to 37% for Occupational Therapy reviews. The greater increase in Occupational Therapy could be attributed to a number of factors but the fact that the Occupational Therapy Intake team has been running clinics and doing telephone assessments since its establishment a few years ago has helped to change practice over time and the expectations of service users may have altered as a result.
27. Having these options available helps to maintain the Council's social care offer to the people of Nottinghamshire and to continue to deliver a responsive and efficient service, within reducing resources. Whilst it is accepted that some people will still require a home visit others find the new options much more convenient, such as the example below of someone who was assessed in a social care clinic in Bassetlaw.

Case example:

A service user attended a clinic appointment at a GP's surgery in Worksop with his wife and daughter, where an assessment of his social care needs was completed using the worker's mobile device. The social care worker was also able to complete a carer's assessment with the service user's wife, during the same visit to the clinic. The worker provided information on local organisations that could offer support in the community. The service user and his family were able to attend the social care clinic as part of their weekly outing for shopping and collecting their prescription. Feedback from the daughter was very positive with regard to how quickly her father was seen after first contacting the Council, and the convenience of the clinic visit.

Summary and Next Steps

28. The report outlines the positive progress made to date. The use of tablets and continued roll out of clinics is now embedded as business as usual. The aim is to have rolled out scheduling to all Older Adults teams by the end of April 2017 and to then start to tailor and implement in Younger Adults teams. The department is now working closely with the Programme and Projects team to analyse and review how to further embed and roll out existing initiatives to derive maximum benefit from them as well as develop new methods with the local operational teams.

29. The new ways of working provide a proportionate and flexible approach to social care assessment, making better use of resources and prioritising efforts to where they are most needed. The aim is to be able to avoid people waiting longer than 28 days for an assessment and this has shown to be successful across the Older Adults service to date. The combination of utilising all the new ways of working together has shown that this is possible to achieve, however, this is significantly affected by whether referrals into social care exceed the current planned assumptions.
30. In order to manage demand, in addition to implementing new ways of working, the department recruited into additional posts using specific funding from the Government associated with the new and extended responsibilities that came with the Care Act 2014. The department is also experiencing a significant increase in demand for very complex assessment work that has to be started and/or completed quickly.
31. Younger Adults teams are particularly seeing a steep increase in requests for cases to go to the Court of Protection for a decision on a specific issue such as where to live, when the person lacks capacity to make this themselves. Preparing and taking such cases requires legal input and is highly resource intensive. The Younger Adults teams now have to respond immediately to urgent requests for Community Treatment Reviews, which convene an urgent, multi-disciplinary case conference in order to quickly deploy resources to avoid a person going into a hospital environment for assessment and treatment wherever possible. The Adult Mental Health Practitioner service is also seeing an increase in requests for urgent Mental Health Act Assessments which assess whether a person needs to be detained in hospital against their will.
32. The current ways of working are not tailored to these complex and urgent assessments, however, they have freed up capacity for qualified staff to undertake more of the complex work. The next stage of rolling out scheduling to Younger Adults will assess if this and other initiatives can release further capacity in these teams to divert towards the complex case work. The demand for this work will continue to be monitored to ensure appropriate response times.

Other Options Considered

33. The report is for noting only.

Reason/s for Recommendation/s

34. This report is for noting only.

Statutory and Policy Implications

35. 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

36. There are no financial implications arising from this report. New ways of working help the department to manage rising demand for social care assessments and reviews.

Human Resources Implications

37. Staff are involved in the development of new ways of working and staff views and issues are also raised and addressed through the Departmental Joint Consultative Negotiating Panel (JCNP).

Implications for Service Users

38. The experience of people using services, their carers and families are sought through service user surveys as new ways of working are developed and influence how these are shaped. Feedback has been positive to date, especially regarding speed of access.

RECOMMENDATION/S

- 1) That the impact of the new ways of working across Adult Social Care be noted.

Sue Batty
Service Director for Mid Nottinghamshire

For any enquiries about this report please contact:

Stacey Roe
Strategic Development Manager, ASC Transformation Team
E: Stacey.roe@nottscc.gov.uk
T: 0115 97 74544

Constitutional Comments

39. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (AGW 28/02/17)

40. The financial implications are noted in paragraph 36.

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.

New Ways of Working for Social Care in Nottinghamshire – report to Adult Social Care & Health Committee on 30 November 2015

[New Ways of Working for Social Care in Nottinghamshire](#)

Future Funding for the Smarter Working programme – report to Policy Committee on 16 November 2016

[Funding for Smarter Working Report](#)

Electoral Division(s) and Member(s) Affected

All.

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