

DIAGNOSTIC ASSESSMENT

EXECUTIVE SUMMARY

January 2020



NEWTON

NEWTON APPROACH



QUESTIONS



Decision Making
Are we effectively tackling variation in decision making, and consistently making the best decisions to maximise independence?



Outcomes
Are the services effective? Are we referring people to the right place, and is that delivering the desired outcome?



Use of Resource
Are we set up in a way that makes best use of our limited resource? What is the financial impact on staff numbers and commissioned spend if we deliver this improvement?



Culture
How well does the culture and leadership support people to effect change and perform at their best?

APPROACH

Pathway Workshops

Workshops, interviews and surveys as to the current culture and readiness for change

Live Studies

Analysing data to understanding baselines, trends, patterns and variance

Discussions with Local Teams

Leverage and augment the expertise that already exists within the organisation

Historical Data & Benchmarks

Front line practitioners actively participating in the collaborative review of live cases, exploring potential for improved outcomes

Change Readiness

Time at the front line, shadowing activity and ways of working to develop an understanding of the issues constraining performance

EVIDENCE

Opportunity Matrix

Identified priority opportunities with a projected impact on both outcomes and financial savings.

Complexity of opportunities

An understanding through evidence of the deep complexity to be tackled in achieving the identified opportunities.

Immediate pressures

Understanding the immediate pressures, which need to be considered in designing the shape and pace of activity.

Readiness for change

Reflecting the 'readiness' of the organisation to deliver the necessary activity to sustainability achieve the identified opportunities, while leaving a positive legacy for WSCC.

WEST SUSSEX COUNTY COUNCIL

ADULT SERVICES

LIFELONG SERVICES

SUPPORT THROUGH COMMUNITY ASSETS



COMMISSIONING

WORKLOAD + STAFF CAPACITY

ORGANISATIONAL AND SERVICE CULTURES

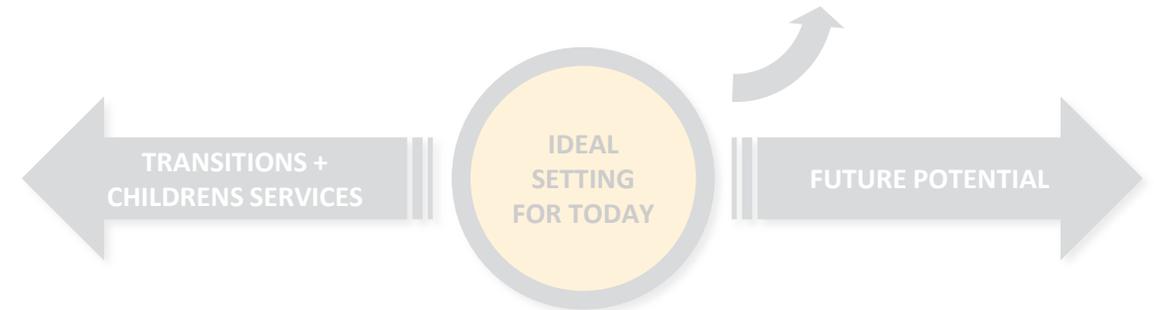
READINESS FOR CHANGE + EXISTING CHANGE INITIATIVES

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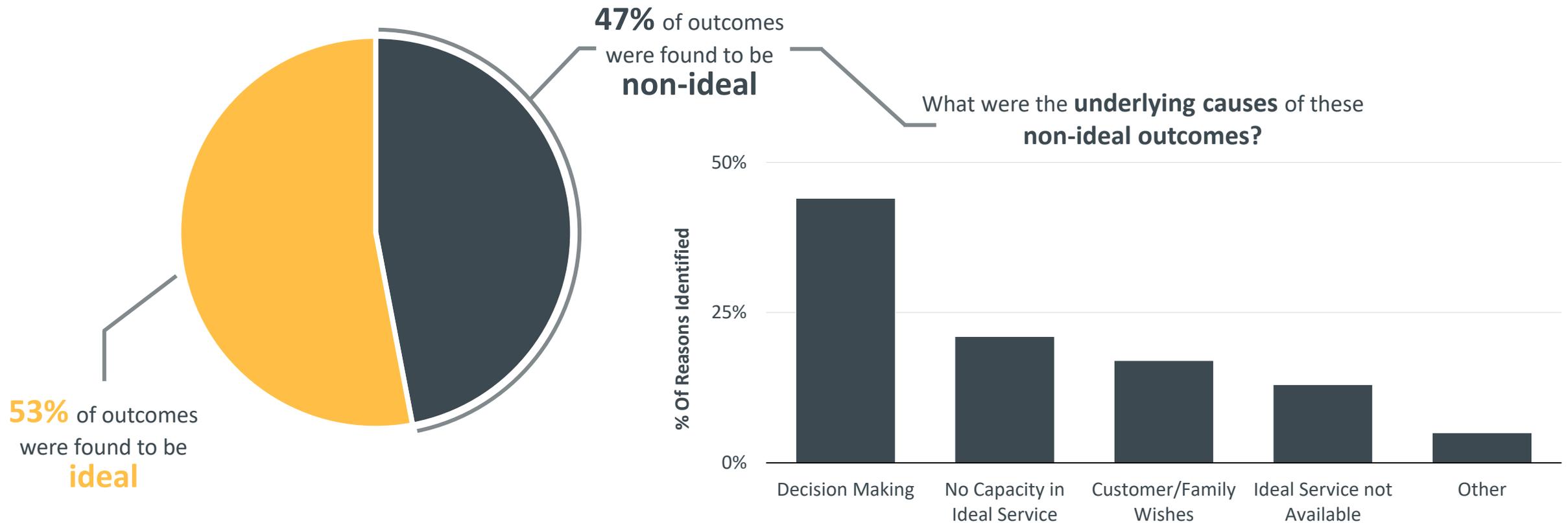
ORGANISATIONAL AND SERVICE CULTURES

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UNDERSTANDING OUTCOMES

CASE-REVIEW WORKSHOPS

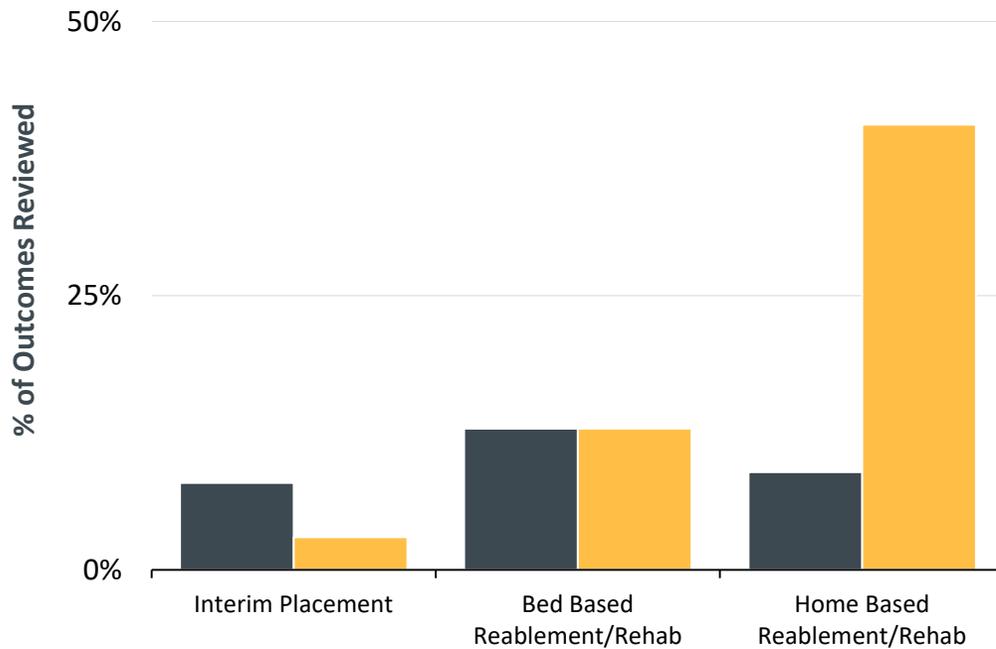
Case review workshops were held across West Sussex, with **27 practitioners** from a range of professions reviewing **101 cases** to understand what the **ideal outcome** would have been for each older person based on their need, and to identify the **underlying reasons** for any differences between these ideal outcomes and the actual outcomes achieved.



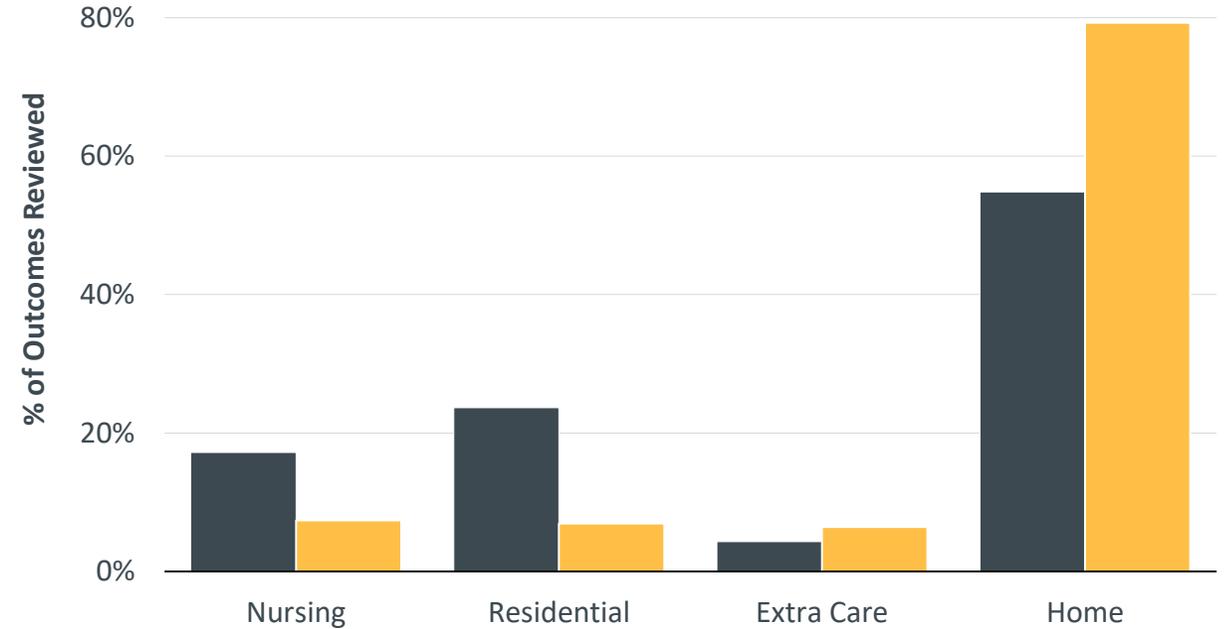
UNDERSTANDING OUTCOMES

CASE-REVIEW WORKSHOPS

What **short term services** were required to achieve ideal outcomes for these individuals?



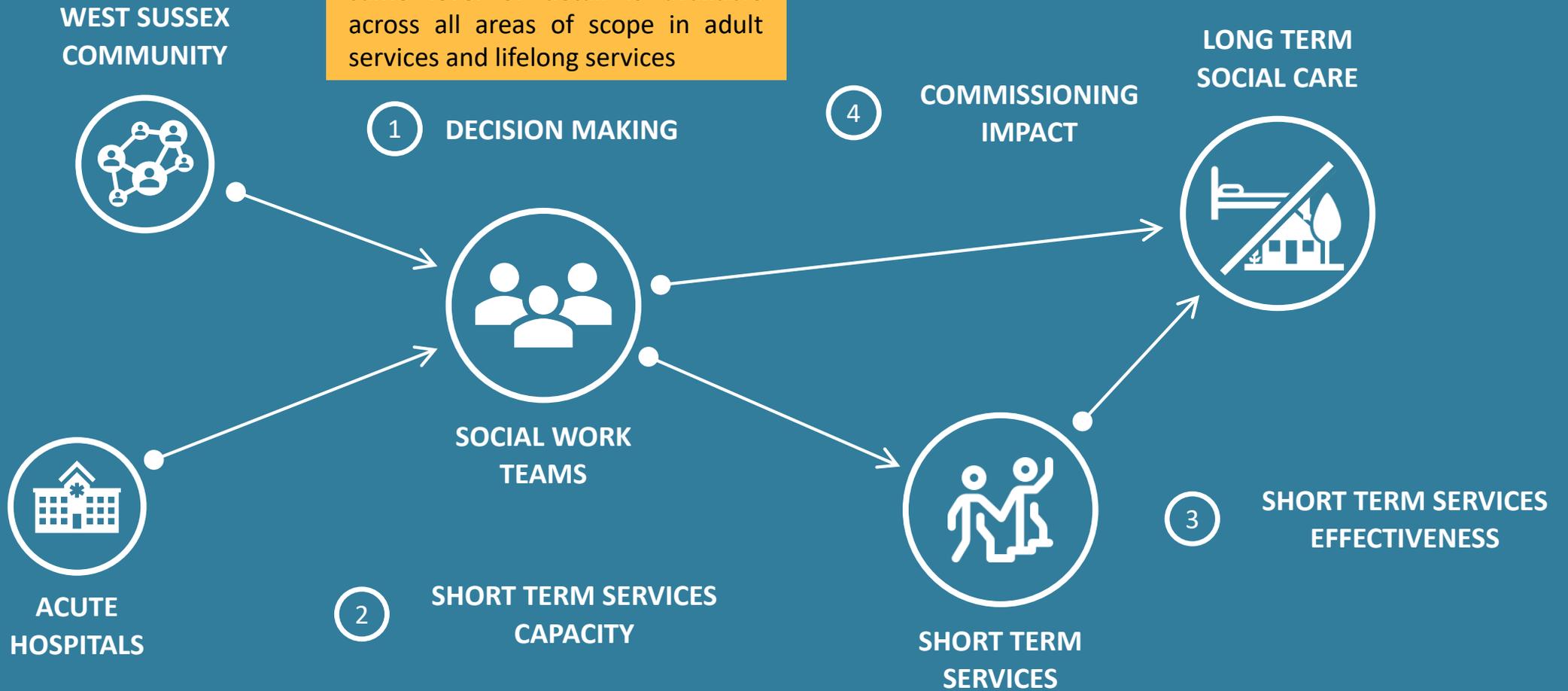
How do the actual and ideal **long term outcomes** compare for these individuals?



- Actual Outcomes
 - Ideal Outcomes

UNDERSTANDING OUTCOMES ASSESSMENT OVERVIEW

The slides here show one example focussed on **decision-making**, This same level of detail is available across all areas of scope in adult services and lifelong services

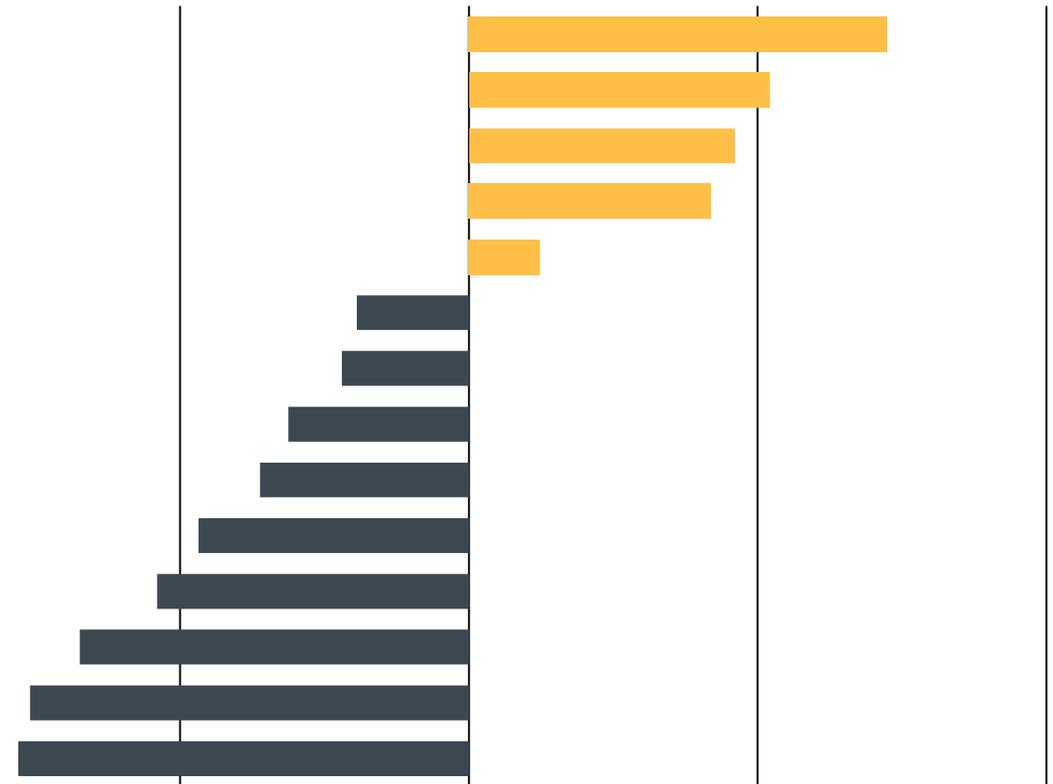


DECISION MAKING

UNDERSTANDING INFLUENCING FACTORS

As decision making was found to be one of the biggest drivers for non-ideal outcomes, we wanted to understand what the **biggest challenges** are that decision makers face on a daily basis. The following are results from the survey responses of **50 social care decision makers**. The survey asked staff to score how likely each of the following factors to influence them to make a **risk averse decision**:

- I would feel **accountable** if something went wrong
- I feel **pressured** by how **quickly** I need to make the decision
- I don't **trust** the **timeliness** and **availability** of the **community services**
- I feel **pressured** and **influenced** by the wishes of the **customer** or **family**
- I don't have the right **support** from **other disciplines**
- I don't feel **supported** by the **council** to positively **risk** take
- I don't **trust** the **quality** of the **community services**
- I don't think the increased **independence** of the customer **outweighs** the **risks**
- I don't have full, relevant, **customer information** recorded
- I can't **access** systems containing relevant **information**
- I've not had any **positive feedback** on decisions of similar cases in the past
- I've had **negative experiences** with similar cases in the past
- I don't feel I have the right level of **supervision** to positively risk take
- I don't feel I have the right amount of **time** with or **input** from my **peers**



Unlikely to influence my decision

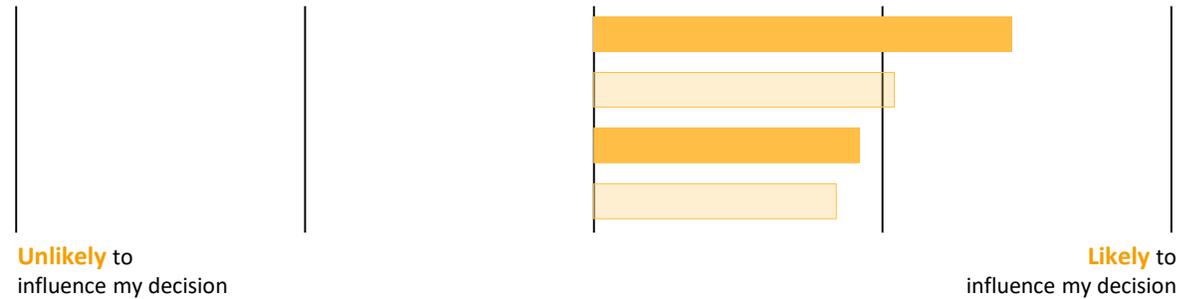
Likely to influence my decision

DECISION MAKING

UNDERSTANDING INFLUENCING FACTORS

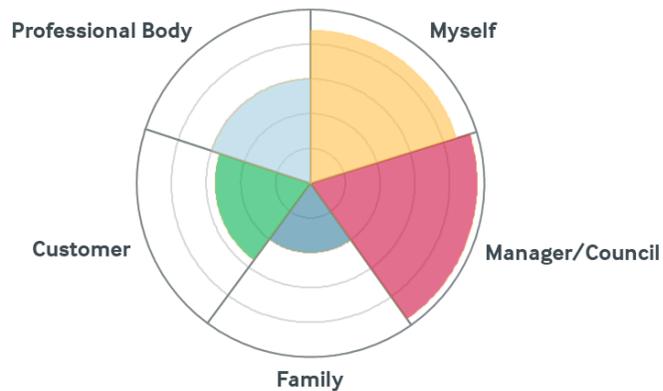
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Accountability

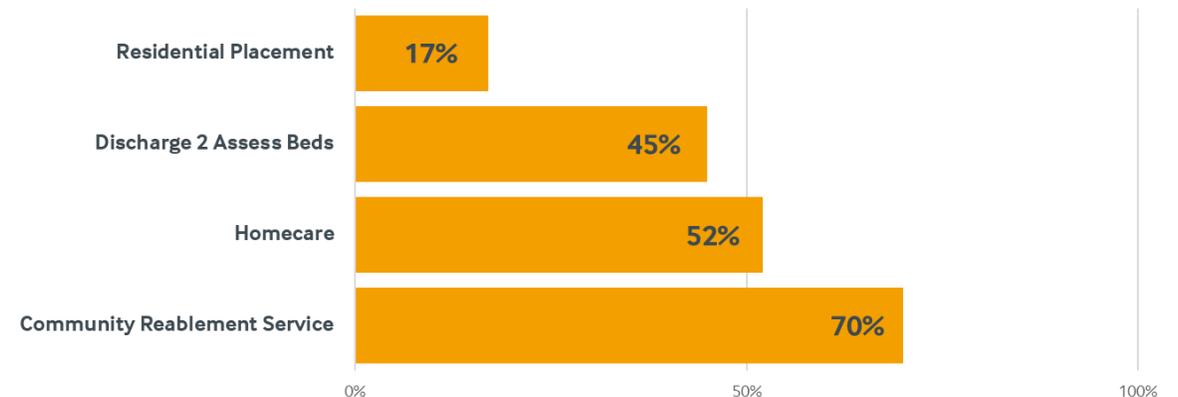
Who do staff feel most accountable to?



Service Availability

Which services do staff struggle to find capacity in?

Proportion that responded "Extremely worried" or "Very worried" highlighted below,

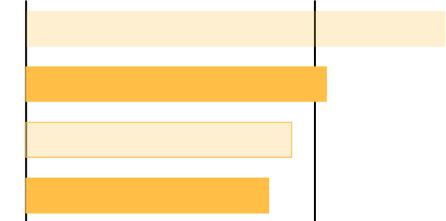


DECISION MAKING

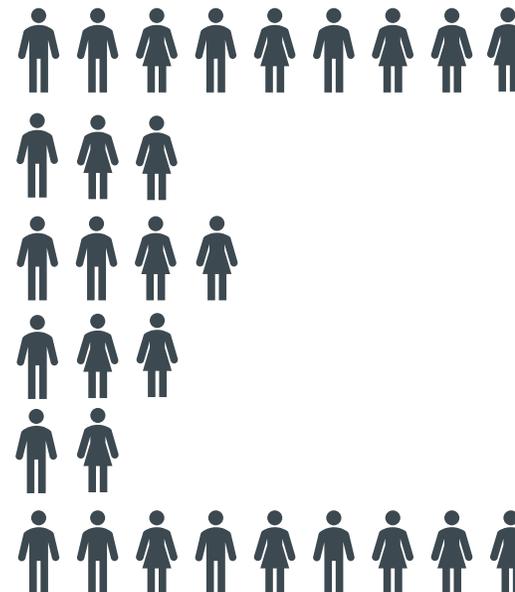
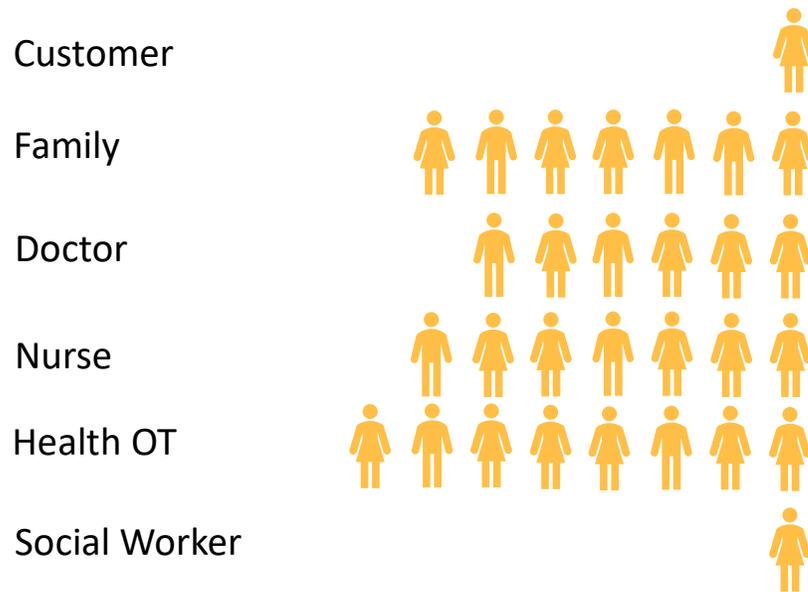
UNDERSTANDING INFLUENCING FACTORS

We studied 10 individuals across 2 hospitals

- I would feel **accountable** if something went wrong
- I feel **pressured** by how **quickly** I need to make the decision
- I don't **trust** the **timeliness** and **availability** of the **community services**
- I feel **pressured** and **influenced** by the wishes of the **customer** or **family**



“What would be your preference on where you are discharged to?”



It feels like a lonely place, everyone is against us.

West Hospital Social Worker



Joan, 101, previously lived at home with a single call a day to support her with washing and dressing in the morning. She otherwise lived independent of formal care and was fortunate to have a number of supportive neighbours.

In April 2019, Joan's daughter contacted Adults Services requesting an assessment for her mother. She stated that she had found a suitable residential placement for her mother to move into and voiced concern that this placement would become unavailable if an assessment was not completed soon.

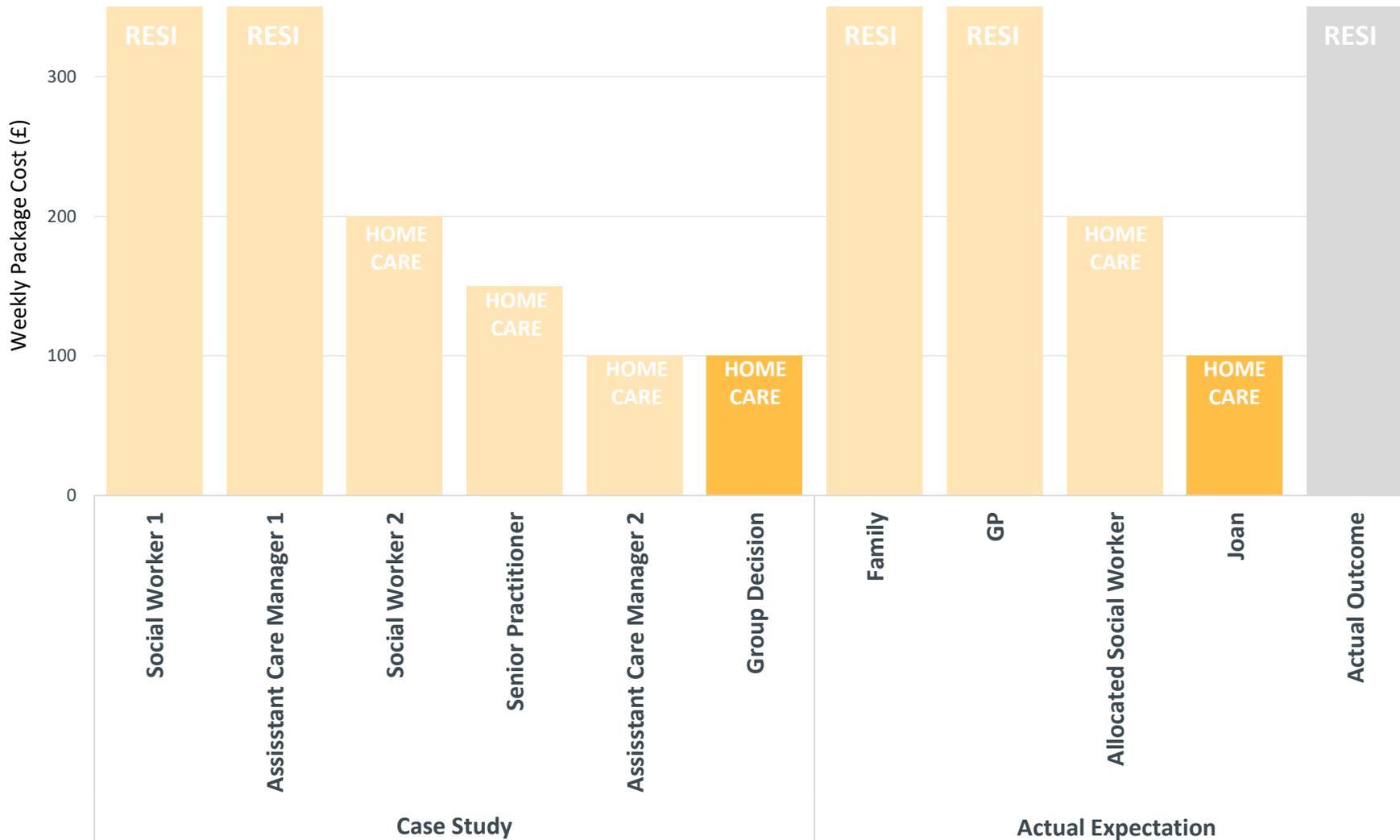
Despite being fully independent with her toileting, mobility and transfers, and not having any diagnosed medical conditions, it was decided that Joan was to move into a residential home in May 2019, where she currently resides.

Joan expressed a desire to remain in her own home but understood that this is not what her family wanted.

DECISION MAKING

JOAN'S CASE

When we ask different people to say what the best outcome for people is, we find that decisions made in a structured group environment lead to the most independent options.



Case Study Exercise

- Individual** Individual practitioners reviewed Joan's case and determined an ideal outcome.
- MDT** Joan's case was discussed in an MDT and the group decided on an ideal outcome.

Joan's Actual Case

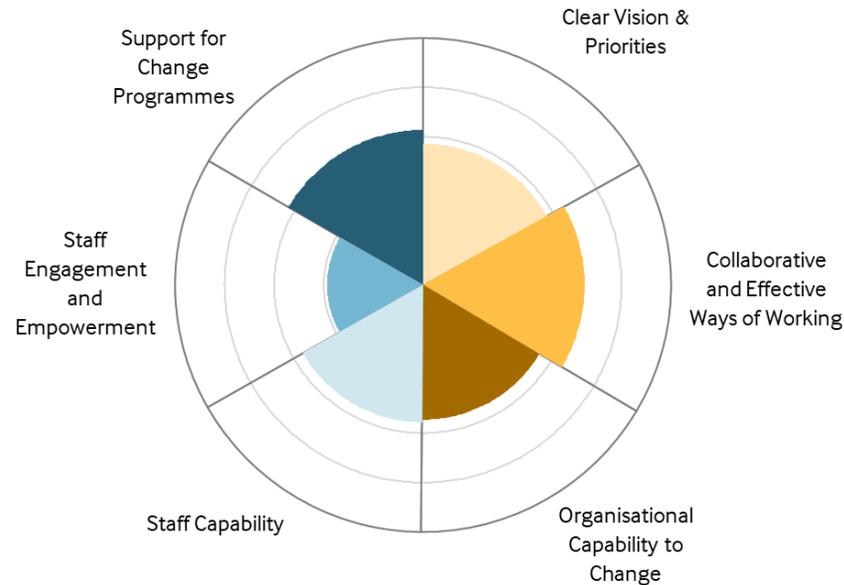
- Prof. opinion at the time** Joan's case notes were reviewed to determine the recommendations from the professionals at the time.
- Joan** Joan's case notes were reviewed to determine the recommendations from the professionals at the time.
- Actual Outcome** The actual outcome for Joan.

BASIS FOR CHANGE

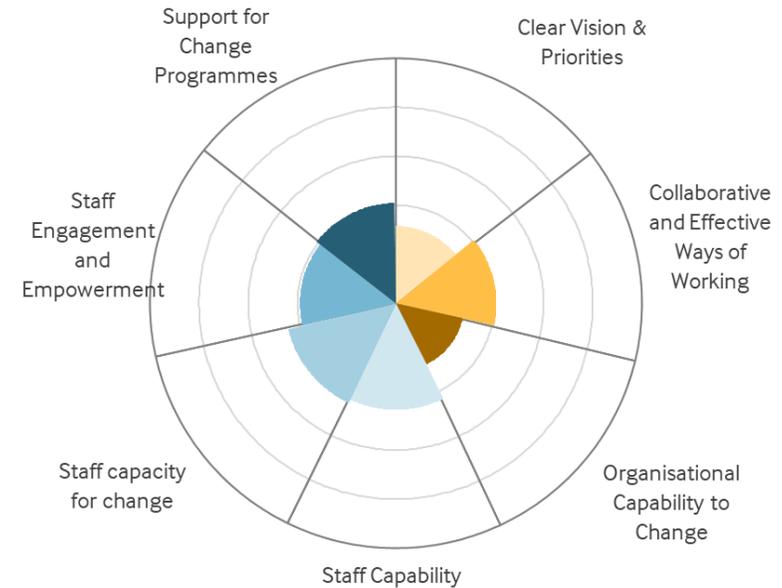
READINESS FOR CHANGE

As part of three sessions feeding-back the diagnostic outputs with staff from both Adults and Lifelong Services, we asked a series of survey questions aimed at understanding the environment and readiness for change.

Adult Services



Lifelong Services



Engagement from frontline staff in the diagnostic has been very strong: for example 58 practitioners each spent a day participating in case review workshops. However it should be noted that across the two areas only 9% of staff felt the council had a successful track-record of delivering change programmes

DIAGNOSTIC OUTCOMES

Service	Area	Outcomes Opportunity
Adult Services	Decision making	1,883 individuals could be supported in a more independent setting
	Reablement volume	1,920 additional individuals could access reablement each year
	Reablement effectiveness	40% increase in effectiveness of home based reablement
	Reablement costs	Increased contract cost to reflect need to recruit additional reablement staff
Lifelong Services	Moving on & decision making	100 individuals could end up in a more ideal setting with the right access to that setting 80 individuals could end up in a more ideal setting with less risk averse decision making
	Progression	180 individuals could reduce their need score through progression
	Potential progression costs	Cost of staff for dedicated Progression service team

BENEFITS

DIAGNOSTIC OUTCOMES – FINANCIAL BENEFITS

Service	Area	Outcomes	Opportunity
Adults	Decision making	1,883 individuals could be supported in a more independent setting	£ 4.4m
	Reablement volume	1,920 additional individuals could access reablement each year	£ 4.7m
	Reablement effectiveness	40% increase in effectiveness of home based reablement	£ 3.5m
	Reablement costs	Increased contract cost to reflect need to recruit additional reablement staff	-£ 1.4m
	Sub total		
LLS	Moving on & decision making	100 individuals could end up in a more ideal setting with the right access to that setting	£ 6.8m
		80 individuals could end up in a more ideal setting with less risk averse decision making	
	Progression	180 individuals could reduce their need score through progression	£ 2.4m
	Potential progression costs	Cost of staff for dedicated Progression service team	-£ 0.2m
	Sub total		
Total recurrent, annualised benefit			£ 20.4m

Profile of operational and financial benefits

