

The Adult Social Care Improvement Programme 100 day update

Health and Adult Social Care Committee 15th March 2019

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Purpose of the session

- To provide a high level update on the three year improvement programme at the end of 100 days
- to provide members with an opportunity to understand some of “the detail” in relation to the improvement programme



Highlights last 100 days

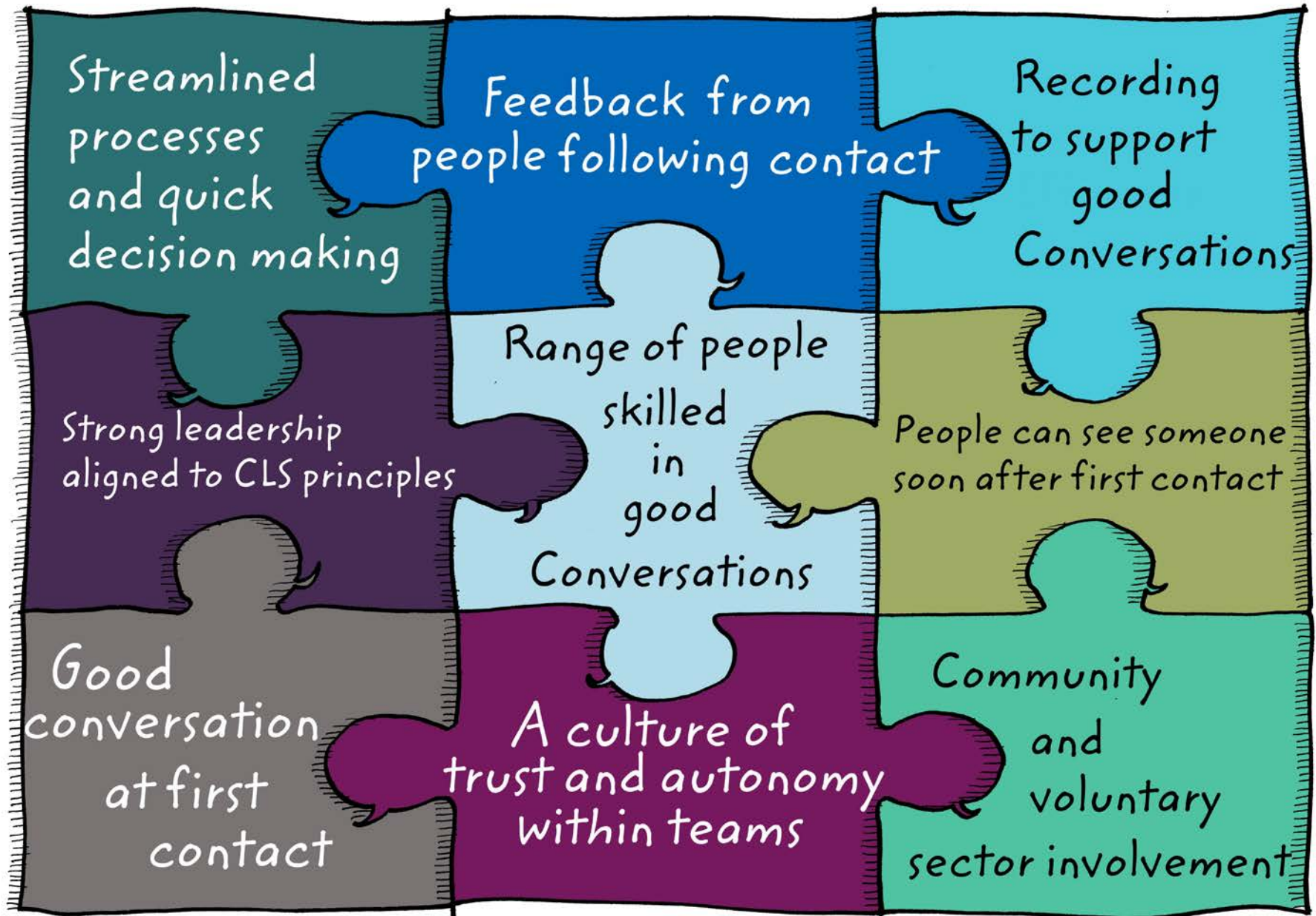
What we have done

- ✓ Consulted on the vision & strategy
- ✓ Developed plans for roll out of community led support, starting in the coastal area
- ✓ reviewed our mental health and “out of hours” offer
- ✓ Rolled out performance management support to team managers

What changes we have seen

- ✓ Improvement in safe indicators
- ✓ Filled social work vacancies (hospital)
- ✓ Developed a better engagement process with customers

Learning from the Innovation Sites - Community Led Support



Rolling Out Community Led Support

- ✓ Co-production brings people and organisations together around a shared vision
- ✓ There is a focus on communities and each will be different
- ✓ People can get support and advice when they need it so that crises are prevented
- ✓ The culture becomes based on trust and empowerment
- ✓ People are treated as equals, their strengths and gifts built on
- ✓ Bureaucracy is the absolute minimum it has to be
- ✓ The system is responsive, proportionate and delivers good outcomes

What we want to achieve

- ✓ Better reported outcomes for individuals
- ✓ Less waiting times
- ✓ Reduced bureaucracy
- ✓ Reduced waiting lists
- ✓ Better and more efficient use of resources
- ✓ A different conversation with our customer
- ✓ A new and simpler way of working with people, partners and communities
- ✓ Staff feeling confident and empowered to embrace new ways of working

The Safe Indicators


- Four “safe indicators” – developed specifically for the programme



- Safeguarding
- Assessments
- Reviews
- Deprivation of Liberty Safeguards (DOLS)

AMBER

Target: 100%
Aim High

Direction of Travel: 

Performance:

- **Weekly performance:** 188 Safeguarding concerns received in the week ending 27-Jan, of which 174 (92.6%) had an assurance decision within 5 working days.
 - Increase of 3.2% from previous week.
- **Monthly Performance:** 869 Safeguarding concerns received in January, of which 774 (89.1%) had an assurance decision within 5 working days.
 - Increase of 1.1% from previous month.

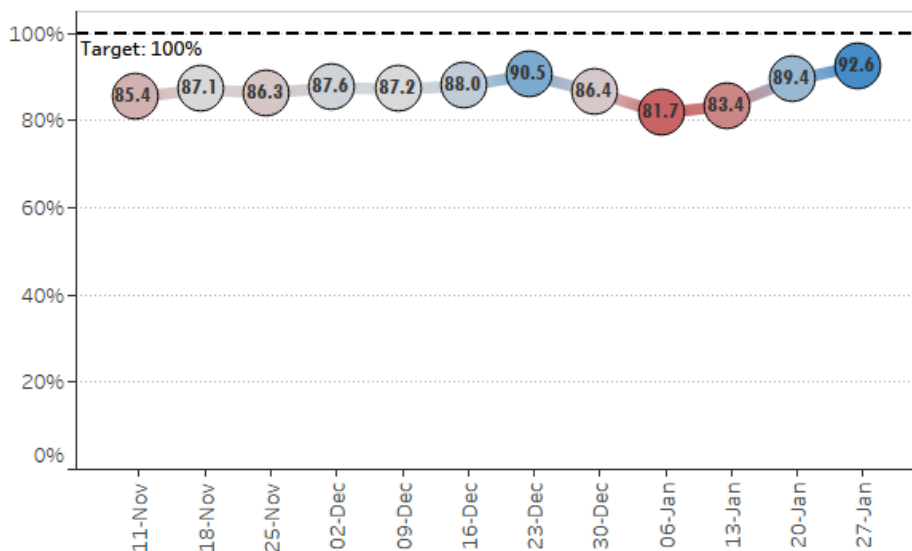
Definition:

The proportion of new Safeguarding concerns received in each week with an Assurance Decision made within 5 working days.

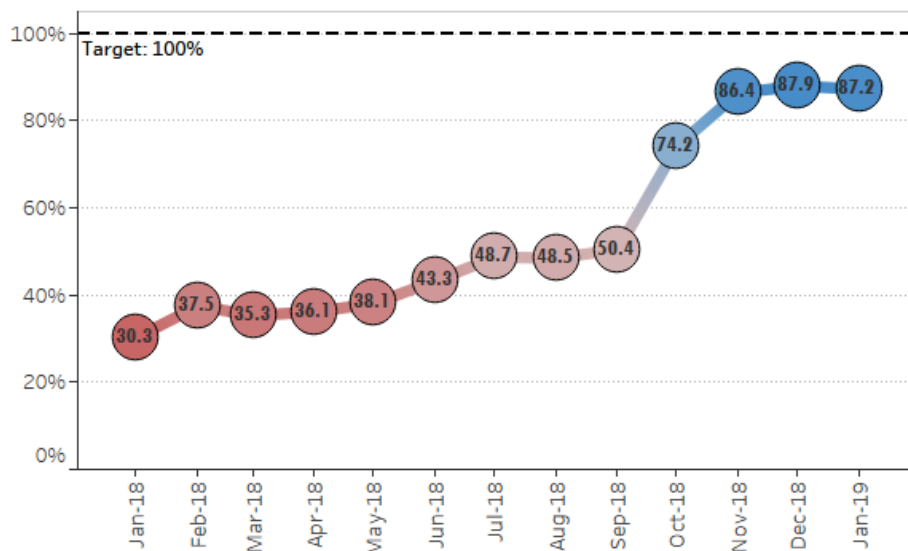
Number of days calculated from the date the concern is received (or if this is not provided, the date it is input to Mosaic) to the date the Assurance Decision is taken and the concern stage is completed. For the latest period, only those concerns older than 5 working days are shown.

Safeguarding report run date: **04-Feb-2019**

12 week performance:



13 month performance:



Service commentary and actions:

Performance in this area continues to be strong showing 92.6% in January 2019. In February 2018 this figure was only 37.5% which illustrates the significant improvement we have made since we introduced a new streamlined safeguarding form and supporting safeguarding dashboard.

To help mitigate the risk of unnecessary delay, we have implemented a new quality control system, to help address any safeguarding concerns where no decision has been made outside the 5 working day timescale. Using the Safeguarding Dashboard, the Adult Safeguarding Advisors now contact the allocated worker or the Team Manager of the open safeguarding concern and support them to progress and outcome the concern raised. The interim Head of Safeguarding receives a weekly report on the number of cases where the decision has yet to be made. In July 2018 there was a total of 602 safeguarding concerns which were open longer than 5 working days and without an assurance decision. As of 5/02/2019 there is now only 19 cases where no decision has been made. These cases are being closely monitored and the completion rates tracked. A small number of these safeguarding concerns are data entry issues which are being resolved. Any safeguarding concern which continues to remain open, and where there is identified risk, will be appropriately escalated to the Service Manager to action.

New Assessments started in 7 working days

SAFE INDICATOR 2

RED

Performance:

- **Weekly performance:** 480 Assessments requested in the week ending 20-Jan, of which 193 (40.2%) were started in 7 working days.
- Decrease of 11.1% from the previous week.
- **Monthly performance:** 1247 Assessments requested in Dec-18, of which 796 (63.8%) were started in 7 working days.
- Decrease of 1.9% from the previous month.

Definition:

The proportion of assessments requested in each week that were started within 7 working days.

Excludes known customers in receipt of long-term services or transitioning from Children's Social Care. Includes all Initial Assessment, Assessment and Conversation steps. Days are calculated from the trigger date of the initial assessment, assessment or conversation step to the date the step is started.

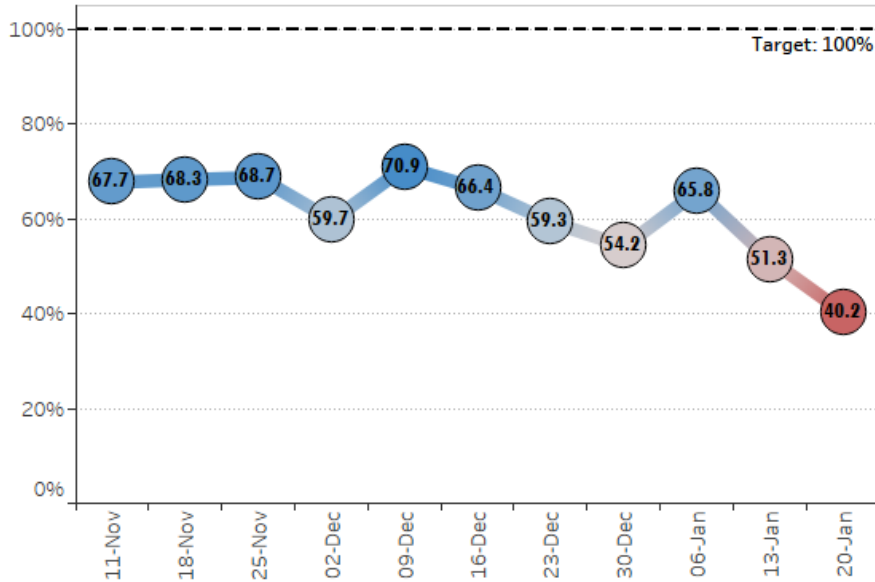
Assessments report run date: **04-Feb-2019**

Target: 100%
Aim High

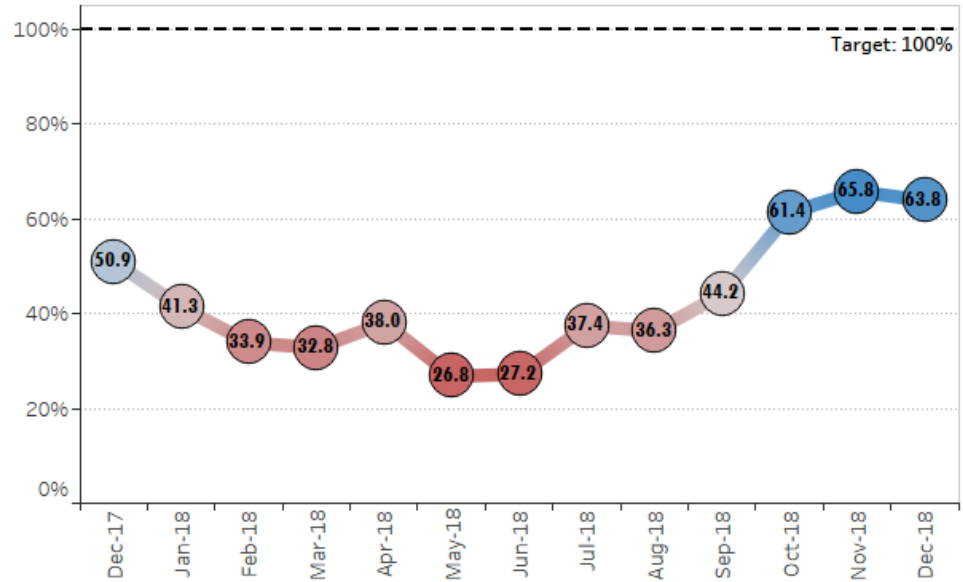
Direction of Travel:



12 week performance:



13 month performance:



Service commentary and actions:

Performance has dipped slightly this month due to the impact of the Christmas closedown on the front door and the provider failure in the early part of January that consumed locality resources; 40-50 staff were taken off BAU work to deal with the provider failure. The volume of demand in CarePoint 2 also peaked in January, with 1,746 pieces of work received compared to an average of 1,200-1,400 pieces of work received per month.

The Tableau performance dashboard has now been rolled out to Team Managers in SW and is being rolled out to TMs in ILS over the next two weeks. This provides managers with the opportunity to drill down to case level detail and identify where there are pinch points, issues with adhering to process and an ability to track performance. Analysis is being undertaken utilising data from the dashboards and action plans are being developed at Team and service level to drive improvement. Some significant improvement is anticipated through ensuring adherence to process and monitoring. However the remaining gap once this is achieved, is only likely to be addressed through the delivery of new ways of working and the revised workflow being introduced with the launch of SLCP.

RED

Target: 100%
Aim High

Direction of Travel:



Performance:

- **Weekly performance:** 6638 customers in continuous long-term services for 12 months in the week ending 3-Feb, of which 4348 (65.5%) were reviewed in the last 12 months.
 - Increase of 0.1% from the previous week.
- **Monthly performance:** 6631 customers in continuous long-term services for 12 months at the end of Jan-19, of which 4349 (65.6%) were reviewed in the last 12 months.
 - Increase of 1.2% from the previous month.

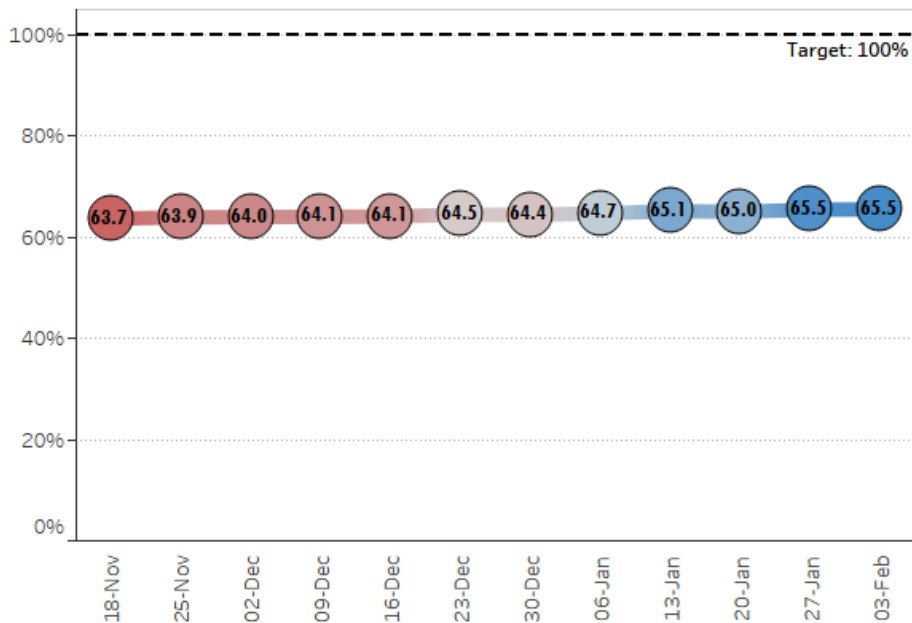
Definition:

The proportion of long-term customers who had a planned or unplanned Review/Reassessment completed in the last year.

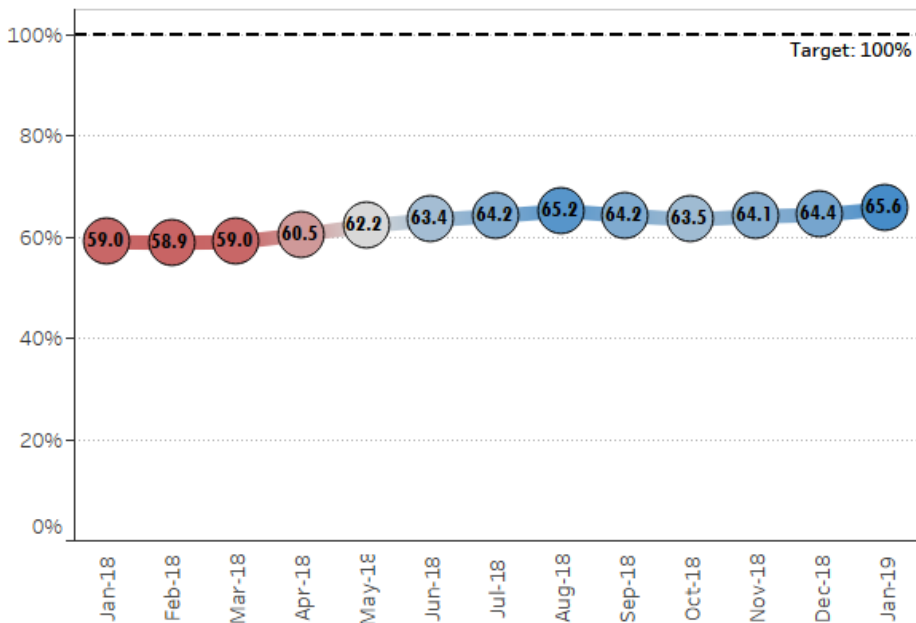
Cohort includes only those customers who have been continuously in long-term services for at least 12 months as at the reported date. This can include short breaks (e.g. hospital) of under a month. Mental Health customers are only included where they have a purchased service.

Reviews report run date: **04-Feb-2019**

12 week performance:



13 month performance:



Service commentary and actions:

A specific cohort of customers who have physical disabilities and are in high cost placements have been identified and a focussed plan has been developed, with the intention to complete reviews and ensure best value. Operational managers continue to oversee the allocation of reviews and improvements can be seen this month.

Open priority DoLS Assessments

SAFE INDICATOR 4

RED

Target: 350
Assessments/42 days
Aim Low

Direction
of Travel:



Performance:

- 572 open DoLS Assessments (Priority 1, 2, Short stay hospital & no priority) open in the week ending 3-Feb, a decrease of 28 from the previous week.
- DoLS Assessments open at the end of 3-Feb were open for an average of 83.0 days, a decrease of 9.5 days from the previous week.

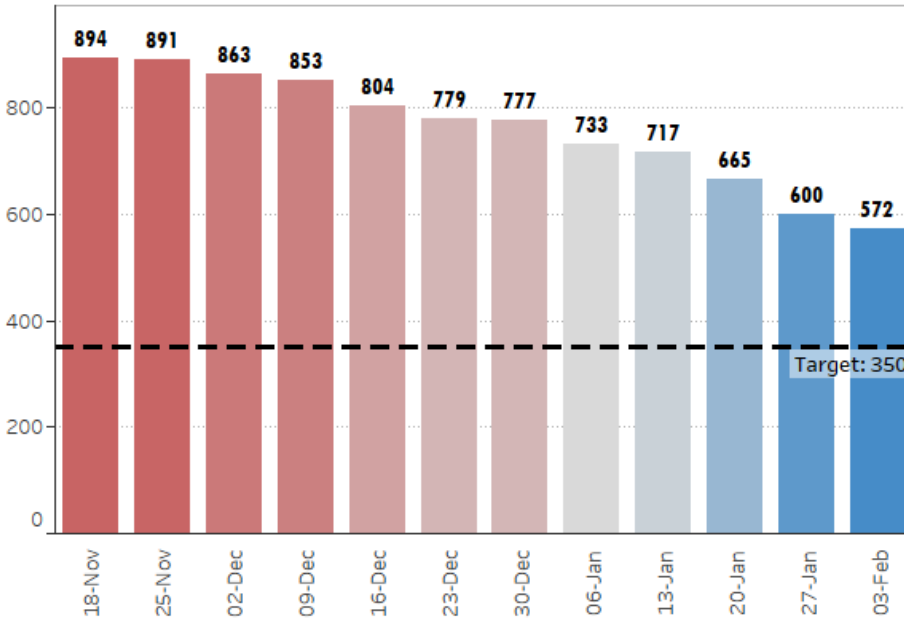
Definition:

The volume and average days open for all open DoLS Assessments that were originally triaged as Priority 1, Priority 2 and Short Stay Respite Hospital, as well as any cases which were not triaged (no priority given). Priority 3, 4 and 5 assessments are excluded as the risk has been assessed as low.

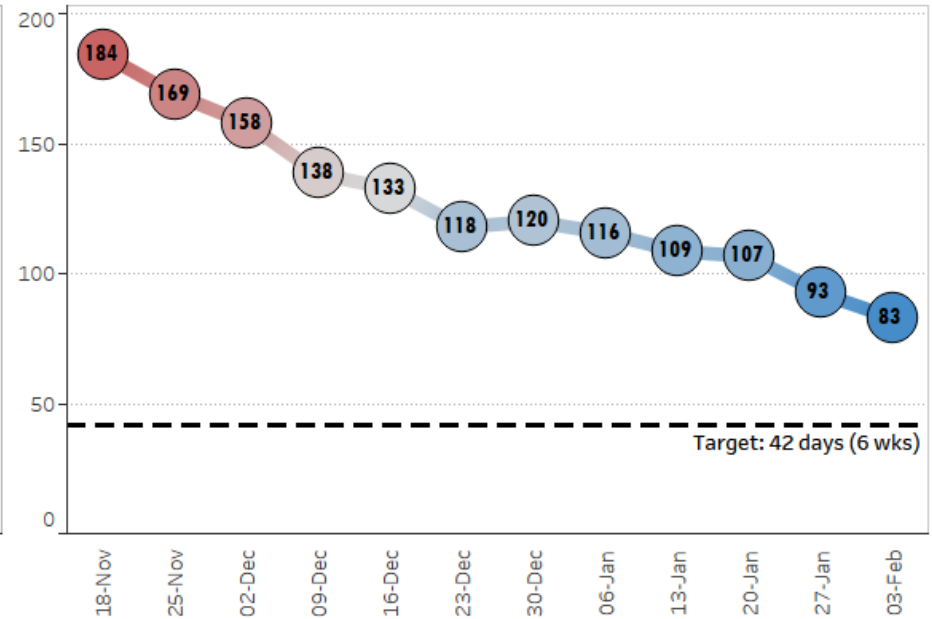
Days are calculated from the date the assessment is first incoming, which follows immediately after triaging of the DoLS Request.

Demand (DHA) report run date: **04-Feb-2019**

Open DoLS Assessments (Priority 1, 2, Short stay hospital & No priority):



Average Days open (Priority 1, 2, Short stay hospital & No priority):



Service commentary and actions:

Safe indicator to be changed from 42 days (local indicator) to 21 days to meet statutory alignment of performance recording. DoLS triage arrangements are being reviewed to reflect the ADASS guidance, and a dedicated worker has been assigned to scrutinise untriated requests to provide effective risk management.

The managed service (P2) commenced work on 28th January 2019. Contract to assess 352 Priority 2 requests. Priority 1 requests are managed as requested – none outstanding. DoLS remains a high risk area for West Sussex as it is for the majority of LAs. A detailed management strategy is now in place and active to mitigate risk effectively.

Social Work & OT recruitment and retention



- Focused plan to “convert” agency staff to permanent in key areas (East Surrey Hospital)
- Signed off OT apprenticeship routes
- Targeted adverts for ASYE social workers

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