

## **ADULT AND COMMUNITY SERVICES MODERNISATION PROGRAMME – IMPROVING CARE MANAGEMENT**

### **Report of the Director of Adult & Community Services**

**Please note that the following recommendations are subject to consideration and determination by the Executive (and confirmation under the provisions of the Council's Constitution) before taking effect.**

#### **Executive is recommended to:**

- (i) Note the commencement of pilots to test the model of a revised assessment and care management process;
- (ii) Receive further reports on the outcome of the pilot programmes;
- (iii) Note the potential efficiency savings and to begin to give consideration to how savings might be invested;
- (iv) Agree to the commencement of consultation with the Trade Unions on the changes.

## **1 BACKGROUND**

- 1.1** This Report introduces the second phase of the ACS Directorate's Modernisation Programme. Phase 1, which relates to the transfer of ownership and management of directly-provided services, has proceeded to the stage of contract negotiation with the selected preferred service provider.
- 1.2** This report is focussed upon changes to the care management process, i.e. how we assess people's needs, make arrangements for how their care will be provided and then monitor and review the care they receive.

## **2 CONTEXT**

- 2.1** ACS Directorate is currently piloting new ways of working which are intended to achieve

- for the service user, a better and quicker experience to identify their needs;
- for staff, a more efficient and less bureaucratic process;
- a less costly and more efficient process for the Local Authority.

- 2.2** **Our Health, Our Care, Our Say**

The proposals contained within this paper are consistent with national policy requirements to provide joint health and social care for people with complex care needs.

"By 2008 we expect all PCTs and local authorities to have established joint health and social care managed networks and / or teams to support those people with long-term conditions who have the most complex needs.

Establish multi-professional teams based in primary or community care with support of specialist advice to manage care across all settings."

- 2.3** **Gershon Review**

In July 2004, Sir Peter Gershon published an independent review of public sector efficiency, "Releasing Resources To The Front Line".

The recommendations made to central government were clear – a requirement to increase efficiency and to reduce the costs of providing services whilst maintaining the same level of service and enhancing quality or quantity of service.

### 3 PURPOSE

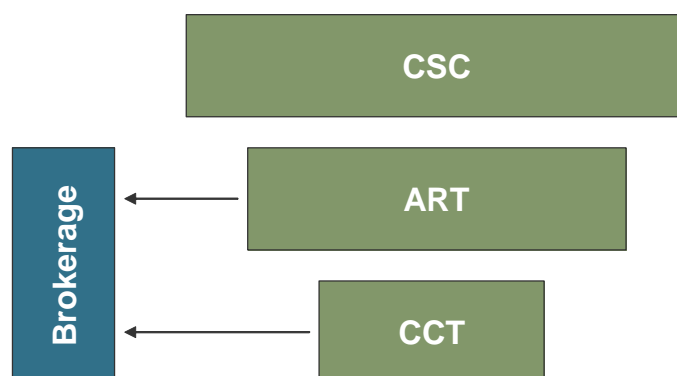
The purpose of this report is to outline a proposal to change the way Adult & Community Services carries out its assessment of need and its management of the provision of care services.

#### 3.1 Scope

The scope of the care management process is from an initial contact, through assessment of needs, to sourcing and commissioning of services and then the ongoing reviews.

#### 3.2 New Model of Care Management

The model currently being piloted has three tiers. The emphasis is on resolving queries and arranging services directly, whenever that is possible. Most of the contacts will be over the telephone with services being agreed and arranged between the caller and the team member.



**3.2.1** All new Adult and Community Service calls will go to the Care Direct team within the existing Devon County Council **Customer Service Centre (CSC)** who will try to fulfil the call. If the call is regarding a potentially new service user the CSC will capture the relevant information and then transfer the call through to a member of the new Assessment and Review Team (ART).

**3.2.2 The Assessment & Review Team (ART)** will complete an assessment over the phone and if the services required are not related to long-term conditions or complex needs, a care plan will be completed which will then be forwarded to Brokerage team to arrange for the services to be provided. The ART will also undertake the majority of case reviews.

**3.2.3** All face-to-face assessments will be carried out by **Complex Care Teams (CCT)** often located with GP Practices. They will, in time, consist of joint teams of health and social staff. CCT are responsible for the care management of long-term conditions or clients with complex needs.

**3.2.4** An enhanced **Brokerage** function will receive completed care plans from the ART and CCT teams (including Health staff) and fulfil the specified service request.

## **4 BENEFITS**

### **4.1 Key benefits for the Service Users (see Appendix 1)**

- Many calls will be managed to a more speedy resolution, with easier access to the right people and needing to provide information only once at each point;
- Services will be 'switched on' more quickly for more straight forward needs, for the more complicated there will be a more 'joined up' approach by the multiple agencies involved;
- The process will be more transparent and more seamless, reducing delays and many current frustrations. Calls will be 'fast-tracked' to staff who can resolve requests immediately;
- Requirements will be dealt with at the earliest opportunity, reducing the risk of needs escalating through delay.

### **4.2 Key benefits for Staff**

- There will be an improved sense of ownership and satisfaction from resolving needs at the earliest opportunity. Using improved technology will reduce duplication of effort, and staff re-allocation to be proportionate to work load improves the working environment.
- Further integrated working across multiple agencies county-wide, the more specialist staff will focus purely on the management of complex requirements, bringing improved outcomes for service users and carers.
- More consistency in application of policies and practice across the county bringing more consistency in the services delivered.

### **4.3 Key benefits for the Local Authority (see Appendix 2)**

- Improvements in the performance of Adult & Community Services as outlined in this paper will increase efficiency in several areas of the directorate.
- The earlier and speedier resolution of the more simple support services by the ART centres will in turn reduce the call on the more scarce qualified social workers. This creates additional capacity in the complex care teams, ensuring a focus into the future on the key areas of growing demand.
- Working jointly with health in multi-agency teams will improve the service user experience, with a more seamless service.
- Maximising use of technology will remove much manual administration and back office costs are to be reduced.
- These improvements will enable re-investment into the Directorate to make it more fit for the future.

## **5 NEXT STEPS**

### **5.1 Staff consultation**

A 90-day collective consultation with staff and trade unions is scheduled to begin on 12 September. This will describe the model and the new roles and systems which are currently being piloted. There will also be discussion about new job roles and opportunities which will be created. Overall, there is expected to be a large net reduction in assessment and administrative staff, thus the consultation process will also explore the possibility and timing of a voluntary redundancy scheme.

### **5.2 Piloting the new model of care management**

A series of pilots of the key elements of the new business model has begun and will be progressed over the next six months. These will prove the processes, roles and the staff capacity required in these functions, and will also inform the planning for a phased implementation, including the introduction of integrated Complex Care Teams with PCT and DPT.

### 5.3 Workforce Planning

The new model of care management will result in a quicker and more satisfactory experience for service users. It will also be a significantly more efficient service with more rapid resolution of issues from a reduced number of staff. This will enable resources to be reinvested into 'hands on' care and into providing more funds for equipment and adaptations for the frail and disabled.

The new way of working will introduce new roles for staff. Some of these new roles are being tested out in the pilots, others are being developed and will be introduced as the programme evolves. These new roles, covering functions such as contracting and procurement negotiating complex care packages, combining assessment and provision of disability equipment through a single service, will provide new job and career opportunities.

### 5.4 Commissioning and growth plans

This model will create the opportunity for re-investment.

It will be necessary to invest in

- a. more robust and more sophisticated contract monitoring;
- b. the enhanced (more skilled) brokerage and service procurement functions.

This will make ACS more fit for purpose as a strategic commissioning organisation.

Furthermore, the release of resources from office functions of assessment, etc., will create the opportunity to

- a. invest further in improvements in Direct Payments and promoting the Self Directed care strategy;
- b. achieving Gershon efficiencies that can be made;
- c. invest savings in equipment and adaptations and in direct service provision.

Further investment is also planned in IM&T infrastructure to support the joint working with our health partners and for use of mobile technologies to support community-based working of the complex care teams.

### 5.5 Communications Strategy

Communication of this proposal and the staff consultation process will be disseminated by events across the County. This will be supported by web-based information, a frequently-asked questions facility, and items in the *Steller* and *Insider* publications. There are also enhancements to the standard Trades Union forums with additional modernisation meetings being conducted.

**David Johnstone**  
**Director of Adult & Community Services**

Electoral Divisions: All

National Assistance Act 1948  
NHS & Community Care Act 1990

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Executive Member for Adult Services: Councillor John Rawlinson

<b>Background Paper</b>	<b>Date</b>	<b>File Ref</b>
Report to Executive – Modernisation Programme	June 2004	SS/04/11
Report to Executive – Vision for the Future of Social Care for Adults in England	19 April 2005	SS/05/17
Independence Well-being and Choice – Department of Health	March 2005	
Report to Executive – Social Care for Adults in England	12 July 2005	SS/05/21
Report to Executive- Annual report on Modernisation Programme	20 Dec 2005	SS/05/36
Report to Executive- Options for Modernising Services	11 April 2006	SS/06/14
Report to Executive- Progress on Modernisation of services	19 June 2006	SS/06/21
Report to Executive- Progress on Modernisation of services	5 Sept 2006	SS/06/27
Report to Executive- Progress on Modernisation of services	20 March 2007	ACS/07/03

## **Examples of Benefits to People in Devon**

These are real examples of the way in which people are getting the help they need much more quickly and appropriately as we pilot new Assessment and Review Team arrangements in Exeter and East Devon.

### **Example 1**

Telephoned in for a direct payments increase: payment was agreed and process completed via links to Direct payments team: he had his response within one hour.

### **Example 2**

Sister was main carer for her mother - but she had to go into hospital unexpectedly. Her brother came down from Swindon to look after his mother but needed to go back and care was needed for his mother. He didn't understand the system or who to contact. Contacted ART via Care Direct and care was arranged over the phone and in place for when it was needed. The FAB assessment took place via the post. All resolved within two hours

### **Example 3**

Speedy confirmation of respite care: relative rings up to book respite, details of the service users needs are taken from the carer, respite is booked and confirmed within at maximum a 24hr period if not the same day.

### **Example 4**

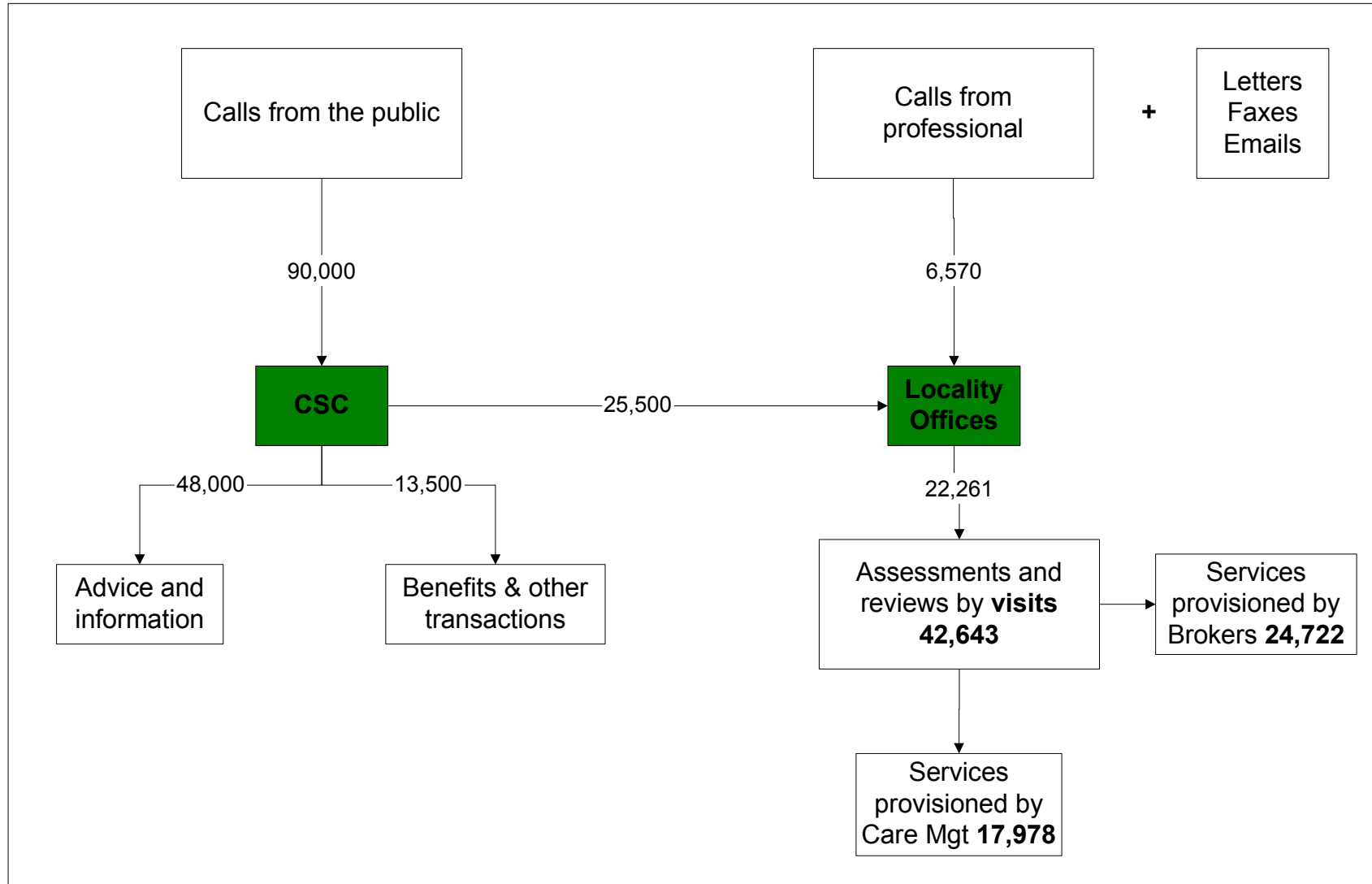
Giving information about local services and voluntary sector providers to support people to reach their own solutions - e.g. directing people to the Independent Living Centre (ILC), or other outlets to trial equipment – without necessarily committing any social care revenue.

### **Example 5**

Many examples of client or relative ringing in as person has deteriorated and needs an extension to their care e.g. increase in domiciliary care from morning only to afternoon and morning. These can be agreed quickly and the care in place within a short period of time.

August 2007

# ACS Care Management “As Is”



# ACS Care Management "To be"

