	London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE & SOCIAL INCLUSION POLICY & ADVISORY COMMITTEE** **27 November 2014**
CUSTOMER JOURNEY: IMPROVING FRONT-LINE HEALTH AND SOCIAL CARE SERVICES	
Report of the Executive Director, Adult Social Care	
Open Report	
Classification For Policy & Advisory Review & Comment **Key Decision: No**	
Wards Affected: All	
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1. EXECUTIVE SUMMARY

1.1. This is a proposal to reform Adult Social Care Operations.

1.2. Operations delivers many of the Council's duties to people who need care and support because they are unwell, disabled or have problems managing everyday life. Operations also provides a social service. Its staff help people to live at home, supporting them and their families and providing short-term services, like reablement, that help people recover from illness, injury and personal crises that put their independence at risk.

1.3. Work with people who use services has given us a lot of evidence about the need for improvement and things we can change. Work to improve people's experience of the service will not happen in isolation. The Care Act clarifies those duties and extends them to more residents, especially

those who care for others and those who now arrange and pay for their own care. The Borough's population has grown a lot in recent years and the number of older people who live here will grow quickly for the rest of this decade. The service helps more people to live at home and avoid stays in hospitals and care homes. We expect this growth of care at home to continue. It asks more of Operations.

1.4. The Council's medium-term financial plans include savings in Operations, most of whose budget pays for staff. This report suggests that the Better Care Fund Plan allows us to invest in some parts of Operations that help people retain their independence and reduce the need for long-term care services. The benefits and risks of this approach are explained in the Options Appraisal.

2. INTRODUCTION AND BACKGROUND

2.1. Customer Journey is the name for the programme that will change Adult Social Care's front-line service, Operations.

2.2. Operations is the service that meets Adult Social Care's statutory duties to residents. Those duties define the rules that decide whether people are eligible for the Council to pay for care and support services and cannot afford to pay for any or all of that service. Operations arranges and pays for services for those are who are eligible and it reviews people from time to time to make sure that their care and support meets their needs. Operations is also an important part of safeguarding. It investigates and sometimes intervenes when a vulnerable person has suffered abuse or neglect. This includes people who do not use council services and some people who do not use formal care services at all.

2.3. Operations also provides social services. The Community Independence Service provides reablement and other kinds of short-term support that help people retain their independence, normally after a crisis in their life. The teams that support people who use long-term care services also provide professional social work and occupational therapy. They help people with challenges that personal services like home care do not tackle: coping with bereavement, family breakdown or problems coping with day-to-day activities such as paying bills and rent that risk homelessness without support. These professional services reduce demand for long-term care services. They helping a family that cares for a relative can help people avoid institutional care. Good social work and occupational therapy helps people avoid crises that need help from other public services, such as housing, the NHS and the police.

2.4. Operations needs reform. Since 2012, Operations' senior management team has worked across three boroughs. In 2013 a plan to create a single front-line service, integrated with community health services, was not accepted. The three boroughs now use the same frameworki computer system to record their work and run their processes. This was a significant

achievement. Beyond this, each council's front-line still works in the same way that it did before they became part of the Adult Social Care shared service. The savings from restructuring this service are part of the Council's medium-term financial plan. The rest of this introduction explains five reasons for such a change. Those reasons relate to:

(i) the size of Hammersmith and Fulham's population and the number of people who will need for care;
(ii) the Council's legal duties to support people who need care;
(iii) a national and local policy of care at home;
(iv) funding for the NHS and Adult Social Care for the rest of the decade;
(v) residents' views and experiences of our service

2.5. The Borough's population is changing. The 2011 Census found that 182,500 people live in the Borough about 17,000 more than the most recent estimates. Residents are living longer. Between 2002 and 2013, the life expectancy of women aged 65 increased by one year, to 86.6 years; and men by nearly two years, to 83.5. In just the next four years—the term of the Council's medium-term financial plan—the number of people living in the Borough who are aged 65 and more is expected to grow by more than 900 (5%). Nearly 300 of those people will be aged 85 and older, 13% more than live in the Borough today.

2.6. The Care Act and the Children and Families Act have clarified and extended the Council's legal duties. A national standard of eligibility for services will replace the local standards that were introduced under Fair Access to Care Services in the last decade. More people, including some carers and people who pay for their own care, will have new rights to assessments and financial support. Increasing demand in recent years under the existing legal duties has stretched the front line. These new rights and duties are good for people but they create more demand for council-funded care. Nationally, and in Hammersmith and Fulham, we are still estimating the work and the expenditure that the Care Act will create, but it is clear that Operations will work with more people because of it. We will need to create more time and resources to meet the Council's new legal duties.

2.7. For some years the national policy of care in the community has meant that more and more complex care that would once have happened in hospitals and care homes now happens in or near people's own homes. New initiatives, like the Better Care Fund, mean this trend will continue. Evidence from surveys says that providing these services offer a safe and good quality alternative to hospital and residential care, people normally prefer them. It means that community health and care services, including Operations, will help people with more complex and more acute care-needs at home. This asks more of front-line social care professionals. Social workers and occupational therapists in particular play an important part in supporting people at home.

2.8. The Local Government Association recently estimated that local government has made savings of £3.53BN (26%) in Adult Social Care since 2010. Experts in health and social care funding estimate a gap in the NHS budget of £30BN between now and the end of this decade and in Adult Social Care of £4.3BN (29%) over the same period. These forecasts cannot be applied directly to Hammersmith and Fulham. The Council's medium-term financial plan shows the budget for Adult Social Care, £64.403M this year, will be £56.316M in 2016/17. Operations employs 138 full-time equivalent staff and has a staff budget of just under £6M. In 2015/16 the budget will reduce to £5.357M and to £4.024M in 2016/17. These savings, combined with new demands from a growing population that needs more care at home and has new legal rights, cannot be achieved by organising and funding Operations as it is now. The proposals in the next section show how investment from the Better Care Fund will make a major contribution towards these plans for next year.

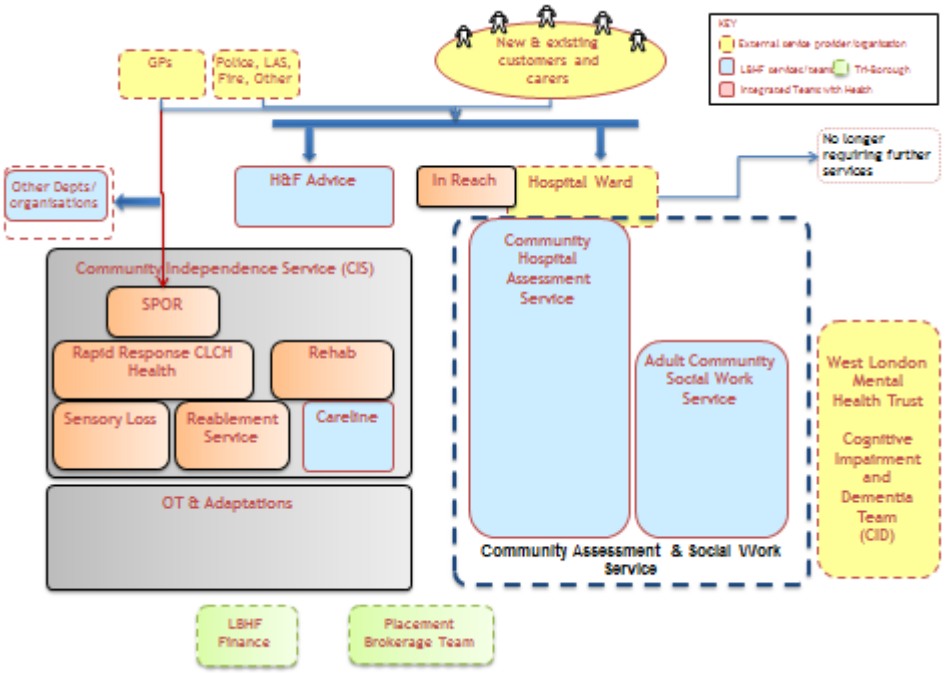
2.9. In spring 2014, the three councils commissioned an independent review of Operations beginning with focus groups from each borough. The 120 people involved in this research represented all the main groups that use services, including carers and young people approaching adulthood and preparing for the transition from Children's Services to Adult Social Care. They explained their experiences and the reviewers picked four things that matter most to these groups: control, quality, coordination, and clarity. They said their service could improve in all four:

(i) People are listened-to and involved in the design and development of their care and support. This is "control."
(ii) Everyone involved in a person's care and support does what they say they will, when they say they will. Capable, well-trained staff have time to help people achieve the outcomes they want. This is "quality."
(iii) It is easy to find the right help. People don't get lost between different teams and between Adult Social Care and other important services, like the NHS. Services feel integrated. This is "coordination."
(iv) People know what they can and cannot expect, how and when help is provided and by whom. People are kept informed about things that might affect them. This is "clarity."

3. PROPOSAL AND ISSUES

3.1. The introduction of this report gives five reasons for change. In this section we explain a plan to reform Operations that addresses all five of them. The plan has been developed with people who use services but in a less formal way than the review described in section 4.9. The designs that we explain in this section, which will be illustrated with a presentation during the Committee, were prepared by a small team that frequently visited people using services and small groups of front-line staff. The Customer Journey review provided a lot of information about things people do not like about our service. These designs were prepared by asking people what would work better.

3.2. This section begins by describing Operations now to illustrate what the Customer Journey will change and to illustrate how the changes should affect people's experience of the service. The detailed design is not complete; nor is the statistical work that estimates how much it will cost to run a new service that can meet the demands of the coming years.



A larger version of this diagram appears at the end of this document.

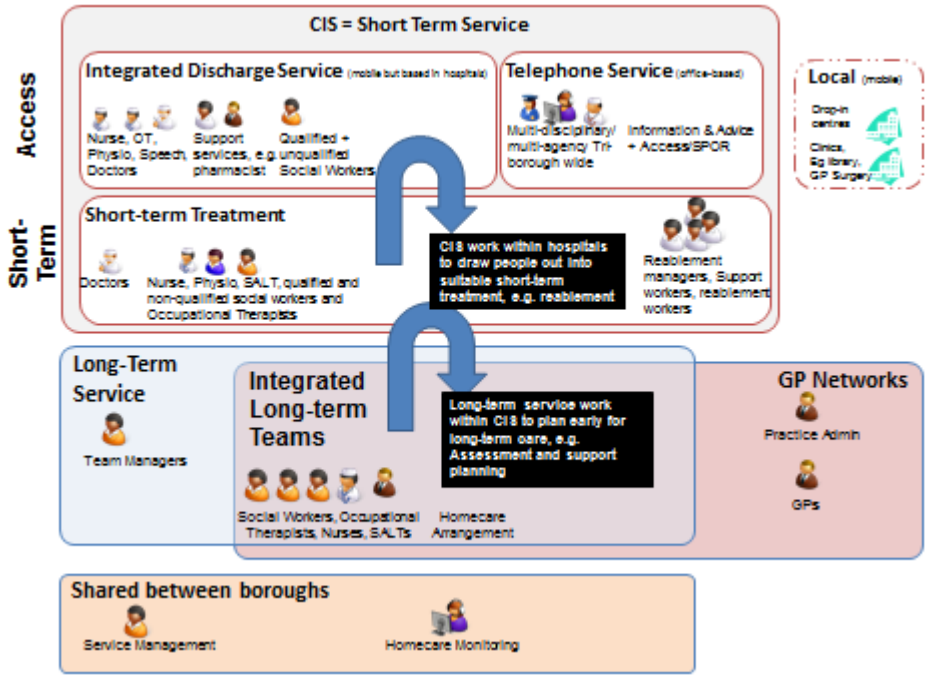
3.3. The Customer Journey review frequently heard that people and staff alike are unsure whom to ask for help. This seems to be because there are too many different teams, too many places to contact for help or for a referral and not enough coordination between Adult Social Care and the other services that people who use our services need, especially the NHS. For example, a small Information and Advice Service; a Single Point of Referral (SPoR) in the CIS; a Community and Hospital Advice and Assessment Service; and a Community Social Work Service all provide as points of access to Adult Social Care. It is not clear to residents and professionals in other services which to ask for help. People say that they are passed around between teams, some of whom are themselves unclear whom is responsible for what. People who use the service and staff who work in it have identified the same problem.

3.4. A simpler service structure with a clearer role for each team will help. The next diagram shows a service that has just two parts:

(i) A short-term, integrated Community Independence Service to help people when a problem with their health or a crisis in their life puts them at risk of losing their independence. This service also acts as a place to come for advice and information for residents and for professionals from other services; and it is the way in for people new to the service and need

an assessment. It operates in hospitals and in the community. This is a health and social care service that is not subject to means-tests nor to charges.

(ii) A local service for people whose long-term needs are mostly stable that helps them manage their support and lead an independent life. It works closely with GPs and other community health services. It manages Adult Social Care's long-term care budgets and observes the Council's policies on means-testing and charging for care services.



A larger version of this diagram appears at the end of this document

3.5. Hammersmith & Fulham's Community Independence service will receive £0.870M new investment through the Better Care Fund (BCF) in 2015/16. The design of the CIS does not need substantial change. It is the model for a new service in all three boroughs, each with its own investment from the BCF. Hammersmith & Fulham's investment allows the service to grow and to act as the main point of access to Adult Social Care. It will offer help and advice about care for people who do not want or do not need formal services from the Council. It will take referrals for people who need medical care, social care or both. It will assess and help people plan the care and support they need when they leave the service.

3.6. Using the CIS as the main point of access ensures that everyone who comes to Operations is offered a short period of reablement before any assessment for long-term care. Policies will ensure that people who will not benefit from reablement are not compelled to have it.

3.7. Investment in CIS from the BCF helps us retain and train front-line staff so that the service can support more people. (This investment plan was

explained in a recent report to Cabinet.) We hope some staff will move from their roles other areas of Operations to the CIS; some must be recruited. Planning is under way and numbers will be available at the beginning of next year.

3.8. More reablement helps to reduce demand in the parts of Operations that support people who need long-term care. It also reduces the cost of long-term care services including home care, Direct Payments and especially residential care.

3.9. CIS is a short-term service. It is designed to offer no more than twelve weeks of support, often less, and to conclude by helping people to work out what further support they need. 54% of people who use reablement in the current CIS leave without needing long-term care. As more people with higher needs use the service, this proportion may fall because the service only reduces the needs of people with more acute and complex conditions. They still need long-term care and support. Operations still needs teams to support them. We know that access to those teams will mostly come through CIS. The next sections address how the teams should be staffed and organised.

3.10. They should be organised to help people leaving the CIS feel safe and supported as they transfer to long-term care. This will mean a lot communication and planning between the professional responsible for a person's care in CIS and the person who will plan their care in long-term team.

3.11. They should be organised to work with GPs and community health teams. A repeated theme of the Customer Journey review was that these services were not well joined up. Operations cannot solve this problem alone. It is too soon to make long-term social care teams part of a single integrated service, as we plan with CIS. Long-term teams manage most of the Adult Social Care budget and it is not yet clear how those budgets would be managed in a fully integrated service. But the foundations of a more integrated service are becoming clear. Many staff in Operations now share a building, Parkview, with their NHS colleagues. Hammersmith & Fulham's GP have formed networks that work together to serve patients often do, or will, use care services. Working with groups of GPs, serving many thousands of patients, resolves many of the difficulties of working with lots of GP practices. These networks are the foundation of teams of different professions that between them coordinate care and support. The plan for those teams is part of North-West London's Whole System Integrated Care programme. It recognises the value of front-line social care staff, especially social workers and occupational therapists, in these multi-disciplinary health teams.

3.12. Long-term teams should work locally. Social and economic conditions can vary widely over quite small distances. The professionals who work in these teams need to understand where the people they work with live,

their communities and the organisations that can help people with more than formal care.

3.13. Long-term teams need to balance their statutory work and their professional service. Currently assessment team is separate from the team that does casework. In recent years the social work team has had to complete more assessments, which is not its purpose. Separating assessment from social teams does not ensure that we can provide both. A plan for a small number of combined long-term teams doing both kinds of work requires a capacity plan to make sure that statutory duties like assessments leave time for valuable professional services.

3.14. People who use the long-term term service should not experience more transfers. Once someone has settled into a long-term team, they should expect no more hand-overs unless their needs change to the point where they need intensive help from the Community Independence Service, perhaps because they have been in hospital. In even these cases, we know that the CIS can support someone without assuming full responsibility for a person's care. Our estimates suggest that we probably cannot have a dedicated day-to-day caseworker for everyone in a long-term team. It should be possible to ensure that everyone knows who is responsible for them if they need help and who will normally be expected to do planned reviews of their care. The team should include all the professions and specialisms people need to plan, arrange and manage their care. It should also include people who can help people work out how to use their Personal Budgets.

4. OPTIONS AND ANALYSIS OF OPTIONS

4.1. This proposal balances the need to improve Operations' front-line service, growing demand and the need for savings. It argues for a clearer and simpler structure, investing in short-term services to help people retain and regain their independence. Provisional estimates of the amount we might save from a more efficient organisation and process are significant but might not suffice to meet Operations' the medium-term financial plan targets.

4.2. Better Care Fund investment in the Community Independence Service and to help with the Care Act gives us an opportunity to sustain and improve front-line services. The Better Care Fund Plan says that investment from the NHS in Adult Social Care will reduce the need for and cost of hospital and long-term care services, especially residential and nursing care services. Such an approach will mean that funding for Operations depends increasingly on the BCF, on revenues from the CCG and therefore on the NHS's financial position. Hammersmith & Fulham's BCF plan extends from 2015 to 2019. The financial agreement on which investment in Operations depends is so far for 2015/16 only. This proposal therefore creates a new service that addresses all five reasons for reform in Operations. But the funding for that service is uncertain from the second year. Continued

funding will depend in part on the success of the BCF and the new Community Independence Service in particular.

4.3. This proposal is mostly about change to the organisation and funding of Operations. Our evidence suggests that the Customer Journey programme must begin with these questions but should not end with them. Better experience and better outcomes need coherent service-structure and a clear purpose: to help people live at home and stay safe and well. We won't achieve that just by reorganising the service and investing in CIS. That needs a longer-term programme of training and development. Sustainable improvement depends on better customer service and professional practice. These are topics for future reports to the Committee when plans are more definite.

5. CONSULTATION

5.1. Section 3 of the report describes a research project that consulted 120 people who use the service and established their views about it and how it should improve. The designed team has since worked informally with people using services to test ideas for change.

5.2. This report asks the Policy and Accountability Committee for its views and advice about the proposals in Section 3. Subsequently we will produce a formal proposal and a business case explaining the requirements and plans for formal consultations with residents and with staff. The nature of those consultations depends to some extent on acceptance of the option that is proposed in Section 4.

6. EQUALITY IMPLICATIONS

6.1. This proposal aims to sustain and improve services. In their current state none of the plans imply disadvantage or disproportionate effects on any group.

6.2. A full business case will include an Equality Impact Assessments the medium-term financial plan.

7. LEGAL IMPLICATIONS

7.1. This proposal is designed to help the Council comply with its new legal duties in the Care Act. Detailed analysis of its legal implications will feature in the full business case.

8. FINANCIAL AND RESOURCES IMPLICATIONS

8.1. This proposal defines the combination of savings and investment in a new operation.

8.2. The budget and savings estimates are taken from the Council's draft medium-term financial plans. The proposed new service enables savings of £0.5M in 2015/16 and plans for additional savings £1.3M for 2016/17.

8.3. The investment is taken from Hammersmith & Fulham's Better Care Fund Plan that was agreed in Cabinet on 3 November 2014. Subject to the Committee's view on these proposals, and especially the options-analysis, a full business case will explain the finance and resourcing of a new service.

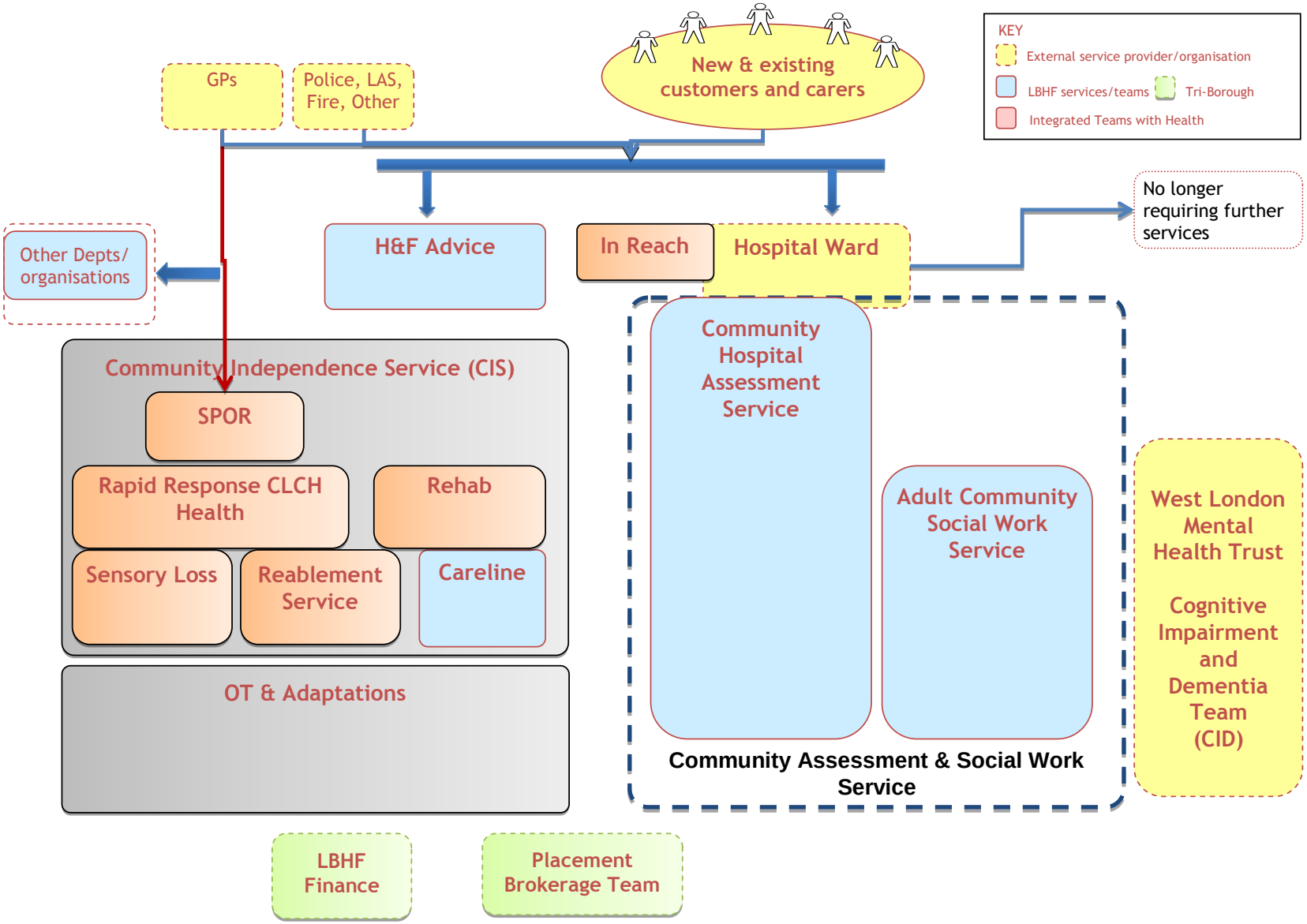
9. RISK MANAGEMENT

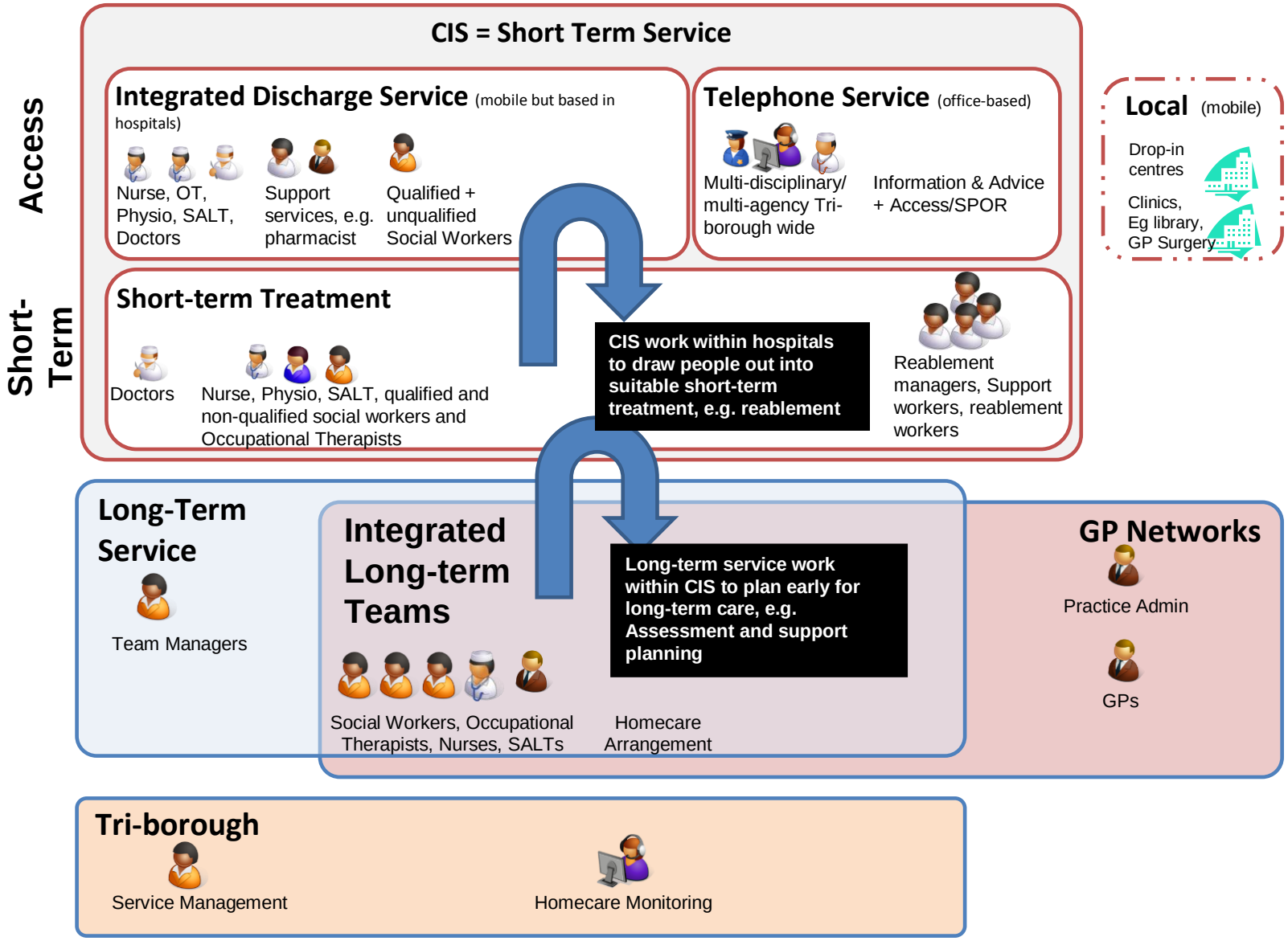
9.1. Risks are explained in the options-analysis.

10. PROCUREMENT AND IT STRATEGY IMPLICATIONS

10.1. This proposal affects an in-house service whose staff are employed by the Council. It contains no proposal to procure the service that Operations provides.

10.2. The proposal will imply changes to and enhancements of computer systems. An integrated health and social care CIS need better access to the GP and community health records to provide coordinated care. A proposal to make these systems available to CIS is in development now. All parts of the service will need access to a new Home Care monitoring system. These plans were mentioned at the Committee's previous meeting and will be explained in more detail in any business case for Customer Journey.


KEY
External service provider/organisation
LBHF services/teams
Tri-Borough
Integrated Teams with Health
New & existing customers and carers
GPs
Police, LAS, Fire, Other
Other Depts/ organisations
H&F Advice
In Reach
Hospital Ward
No longer requiring further services
Community Independence Service (CIS)
SPOR
Rapid Response CLCH Health
Rehab
Sensory Loss
Reablement Service
Careline
OT & Adaptations
Community Hospital Assessment Service
Adult Community Social Work Service
Community Assessment & Social Work Service
West London Mental Health Trust
Cognitive Impairment and Dementia Team (CID)
LBHF Finance
Placement Brokerage Team


Access
Short-Term
CIS = Short Term Service
Integrated Discharge Service (mobile but based in hospitals)
Nurse, OT, Physio, SALT, Doctors
Support services, e.g. pharmacist
Qualified + unqualified Social Workers
Telephone Service (office-based)
Multi-disciplinary/ multi-agency Tri-borough wide
Information & Advice + Access/SPOR
Local (mobile)
Drop-in centres
Clinics, Eg library, GP Surgery
Short-term Treatment
Doctors
Nurse, Physio, SALT, qualified and non-qualified social workers and Occupational Therapists
CIS work within hospitals to draw people out into suitable short-term treatment, e.g. reablement
Reablement managers, Support workers, reablement workers
Long-Term Service
Team Managers
Integrated Long-term Teams
Social Workers, Occupational Therapists, Nurses, SALTs
Homecare Arrangement
Long-term service work within CIS to plan early for long-term care, e.g. Assessment and support planning
GP Networks
Practice Admin
GPs
Tri-borough
Service Management
Homecare Monitoring