

**Report of the Director of Human Resources,  
Performance & Communications,  
and the Executive Director of People,  
to the Overview and Scrutiny Committee (OSC)  
on 12<sup>th</sup> July 2016**

**Transformation of Adult Social Care**

**1.0 Introduction**

1.1 The Adult Social Care Service (ASC) at Barnsley Metropolitan Borough Council (BMBC) carried out significant changes in the way customers access its services and the way the service responds. This report provides an overview of the transformation work and provides a summary of the new operating model, achievements made, highlights findings from the post implementation review, current progress and future plans.

**2.0 National Context**

2.1 Nationally, adult services face a number of pressures due to reduced funding from central government, changing expectations whereby people rightly want better quality interactions that reflect their personal circumstances, demographic changes and legislative changes driven by the Care Act (2014).

2.2 Demographic changes inform us that over 65s living longer and more people moving into adulthood with learning difficulties is creating additional demand and therefore cost pressures for adult services. The percentage of the population aged over 85 years is set to double over the next 20 years.

2.3 The Care Act brought together a plethora of outdated, confusing and complex legislation and created a single legal framework which sets out the local authority's responsibility to meet someone's care and support needs.

2.4 The Act brought a range of changes with the aim to improve people's independence and wellbeing as well as supporting regulations and guidance to enable individuals to have maximum control over how their needs are met.

2.5 For the first time, it sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect including the way safeguarding is viewed and managed with a greater focus on Making Safeguarding Personal (MSP).

2.6 MSP is centred on the individual's wishes and perspective rather than agencies making decisions on their behalf. It means the approach should be person led and outcome focused, engaging the individual in conversation about how best to respond to the safeguarding concern.

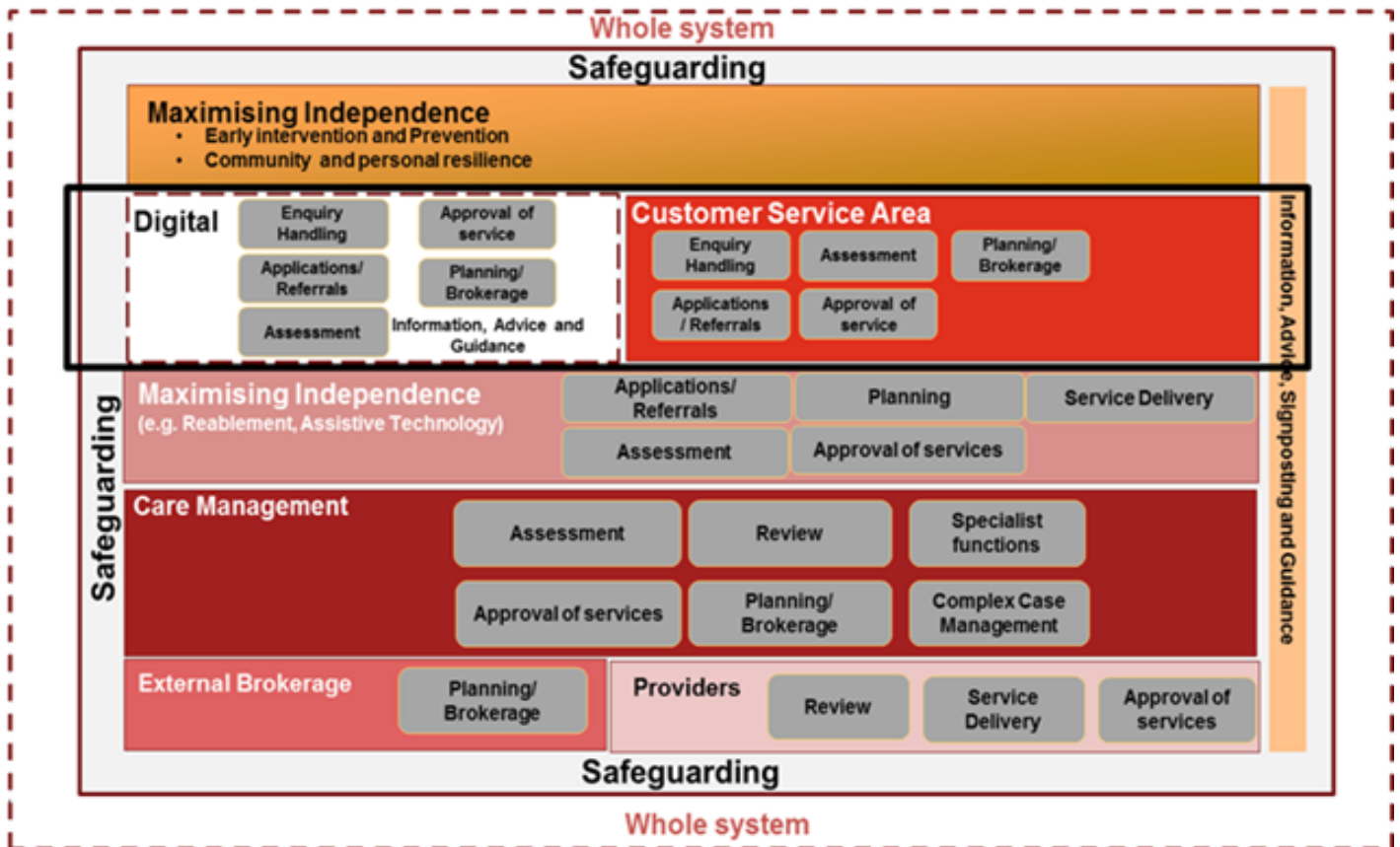
### **3.0 Local Context**

- 3.1 The adult services in Barnsley had already made significant budget efficiencies as part of its Key lines of Enquiry (KLoEs) savings plan which led to a reduction in staffing resource and purchasing budget. Failure to prepare for and change ways of working to deal with these challenges would have placed a significant risk of the service not being sustainable.
- 3.2 The service responded to this challenge by embarking on a transformation journey to develop a new way of working within adult social care that was customer focused, focused on managing and reducing demand into the system so that the service would be sustainable within its new resource envelope and was able to focus its resources on those with the highest need.

### **4.0 Transformational Journey**

- 4.1 Successful transformation from strategy (describing our vision) through to implementation was achieved over a 16 month period from December 2013 to “go live” on April 13th 2015.
- 4.2 The first phase took our strategic intent, described it into a vision and culminated in the development of a high level, whole system Target Operating Model (TOM). This included and was supported by reviewing the current service cost, activity analysis and staffing resource.
- 4.3 The second phase developed the high level TOM and produced a set of process maps and business and technology requirements to inform IT, workforce development and operational procedures. At this stage we engaged widely with the workforce to co-design the model, testing and continually refining the detailed model with their combined experience and knowledge. Planning and implementation of a number of communication activities was essential at this period which included our partners to gain buy in and increase awareness.
- 4.4 Following sign-off we moved to Phase 3, Implementation. This was our most intensive period of change, which was only made possible through strong leadership, broad stakeholder engagement, close working with our technology suppliers and seconding a number of social care practitioners into the project team who became our change champions. This work culminated with successful implementation of our new operating model in April 2015 as planned.
- 4.5 Subsequently this achievement was recognised nationally as 1 of 8 shortlisted finalists for the Local Government Chronicle (LCG) Awards under the business transformation category. In being shortlisted, this meant that we successfully demonstrated that we had achieved significant transformation of the service and had evidence to demonstrate improved outcomes for our customers and a positive impact.

## 5.0 The new operating model:



### 5.1 The aims of the new operating model are to:

- Support customers and be customer focused by aligning expertise and skills with functions.
- Improve outcomes for individuals.
- Deliver efficient and effective services.
- Support the service to better manage demand and help to position the service well for future challenges.

This supports the Council in its commitment to being a customer focused organisation which delivers a good service and strives for excellence in everything it does continually improving the customer experience.

### 5.2 The key features of the model are:

- One single point of access handling all of the enquiries/contact into adult social care with a new Customer Access Team (CAT) supported by digital self service solutions. The aim is to resolve customer enquiries in the most efficient manner and customer interactions are resolved as early in the process as. To enable this, the team:
  - Have up-front conversations about individual's strengths / capabilities / outcomes.
  - Provide information, advice and guidance, steering individuals towards the most appropriate support to maximise independence.
  - Identify issues regarding capacity, requirement for advocacy, carers' issues and safeguarding concerns.

- Promote greater use of assistive technologies / reablement services with improved access.
- Improved pathway to reablement to ensure customers receive the right support at the right time and in a way which maximises their independence.
- Consolidation of the community care teams to focus on complex, specialist cases with 2 vulnerable adults' teams, 1 disabilities team and a new transitions team.
- A new brokerage team which:
  - Focuses on the provision of the support planning function and personalisation support service working in partnership with service users/carers.
  - Empowers individuals in making decisions about their care/support needs.
  - Works widely to develop an understanding of local markets and future needs/demand.
  - Develops and manages the Personal Assistant (PA) market.

5.3 Critical to the success and sustainability of the model is early intervention and prevention which will support managing demand and “turn off the tap” into adult social care.

## **6.0 Review**

6.1 Integral to our post implementation plans and prior to the formal review was to ensure there were robust support and governance arrangements in place. These included:

- Project Board to monitor and make decisions.
- Weekly change management meeting to identify and respond to any emerging operational issues.
- Governance arrangements to ensure continuous learning and improvement.
- Change champions and floor walking to support the staff.

6.2 As a result of these arrangements the service identified that there was an increasingly large volume of inappropriate safeguarding referrals coming into the Customer Access Team (CAT) and we were able to respond quickly. We established additional support for the Safeguarding Manager in CAT whilst we took steps to investigate and understand why this was happening.

The service has since met with our partner colleagues and as a result of those discussions the safeguarding referral form was reviewed and is currently being amended to ensure it is simpler and more concise, with a focus on the information the service needs from other agencies.

6.3 In October 2015, PricewaterHouse Coopers (PwC) carried out a formal review, the purpose of which was to:

- Review the success of the model to date, considering the main benefit areas from a number of perspectives, including: Strategic Intent; Demand Reduction/Management; Process Improvement.
- Assess the new ways of working to identify if the new model was working as expected.
- Recommend changes to further embed the model and maximise the benefits.

6.4 The following methodology was used:

- Review of performance data including safeguarding data.
- Interviews with key stakeholders.
- Observation in the Customer Access Team (CAT).
- Workshops with the project board and change management group.

6.5 The key findings were as follows:

- Overall, all of the components of the model were in place, operational and demonstrating some effectiveness in terms of managing demand. However there were demand pressures due to a number of external factors (e.g. increased pressures from health referrals and increased numbers of Deprivation of Liberty Safeguards (DOLs) requests as a result of the Cheshire West ruling whereby the threshold for what constitutes a DOLs has been lowered.
- There were some operational and cultural changes that needed to be made to embed the new ways of working.
- Effective leadership was required to ensure staff have a set of clearly defined behaviours that they need to demonstrate to enable the model to be fully effective.
- Workflow and handover issues were identified that needed to be smoothed out.
- A number of key technology enablers to support the model needed to be in place.
- A robust performance framework was required to fully establish the effectiveness of the model and whether staff resource has been deployed correctly.
- Whilst the model has been developed and applied from an adult social care perspective, connections need to be fully established across the new Council structure and health partners (“turning off the tap”).
- Evidence of positive impact included:
  - Increased uptake of reablement with sustained outcomes.
  - Single point of access resolving calls which has freed up capacity in the long term teams and enabled them to focus on complex, specialist cases.
  - Positive mystery shopping exercise.
  - More customers taking control over their care and support with direct payments meeting the target of 40%.

## **7.0 Current Position**

7.1 Following the formal review the next phase of implementation is well underway supported by refreshed and strengthened governance arrangements, a robust change control process to better manage adherence to the model and detailed plans.

7.2 Our current plans focus on the following:

- Review of the full end to end customer journey to ensure that the business process is safe, is efficient and as effective as it can be whilst remaining customer focused. A number of workshops across all of the teams including safeguarding have already been held and are nearing completion.

- Review of all of the assessment tools that support the business. This work is nearing completion.
- Review of the review process to ensure a proportionate approach is in place. This is making good progress.
- Development and launch of our digital developments to support the self serve option. These are on track to be launched by the end of July/beginning of August. This will consist of:
  - Screening portal for individuals to use to identify their needs and provide intelligent signposting to information/advice.
  - Online financial assessment (calculator) that will tell individuals how much they might be asked to contribute towards their care.
  - eMarketplace providing a directory of services to support individuals.
  - Directory of Personal Assistants to support choice/control in the use of personal budgets (already in place).
- Ensure a robust adults' early help offer is in place to support the model effectively "turning off the tap" into adult social care. Adult social care representatives sit on the Adult Early Help Delivery Group and are informing and shaping this offer that is currently being developed.
- Safeguarding activity includes:
  - A new performance framework designed to ensure performance in safeguarding is visible, monitored and improved.
  - A practice review of the way the safeguarding process is carried out to understand practice and identify improvements.
  - A case file audit system devised and implemented to assure the quality and outcomes from safeguarding cases (single and multi agency).
  - A Safeguarding Adult Review (SAR) process devised and implemented to ensure lessons are learned where a vulnerable person has come to harm as a result of abuse.
  - All staff received a second round of safeguarding training focussed on MSP.
  - The South Yorkshire Safeguarding Procedures published towards the end of last year and distributed to all staff.
  - A new safeguarding website in development acting as a trusted source of information for the public and professionals.
- New processes, procedures, technology, teams and structures will only take us so far with embedding change. Significant transformational change takes time. We recognise that staff are the catalyst for sustainable change. To support this we are:
  - Equipping our service and team managers with the corporate leadership programme. A number of our team managers are currently undertaking the programme.
  - Ensuring a robust workforce development plan is in place to support the model and implementation.
  - Undertaking a number of staff development days across all teams with only 1 of our teams still to attend a development day.
  - Being clear about the type of culture/values we want in the service and the behaviours that underpin this.
  - Continuing to learn what is working well and what could be done better/ differently.

## **8.0 Future Plans**

### 8.1 These will include:

- Producing a report detailing the key findings from the customer journey workshops and the staff development days and outlining the recommendations, issues and risks. This report will inform the next phase implementation planning.
- Developing a demand and capacity planning model to ensure that the service has the right staff numbers and skills in the right teams.
- Developing our mobile working capability.
- Continual cultural embedding.
- Specific to safeguarding:
  - Continuing to work on getting performance reporting right and will include how agencies more appropriately refer concerns to adult social care and apply the safeguarding thresholds more consistently.
  - Continuing to measure and report on the outcome of safeguarding interventions for the individuals affected in line with making safeguarding personal.
  - Planning further training and workforce development arising from lessons from case file audits and Safeguarding Adult Reviews (SARs).

## **9.0 Invited Witnesses:**

### 9.1 At today's meeting, the following representatives have been invited to answer questions from the OSC regarding work undertaken in relation to the transformation of adult social care:

- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate
- Margaret Essex, Professional Support and Development Manager, People Directorate
- Kyra Ayre, Head of Service Mental Health, Disabilities and Professional Support, People Directorate
- Glynn Shaw, Head of Service, Adult Assessment & Care Management, People Directorate
- Karen Houghton, Team Manager, Adult Assessment & Care Management, People Directorate
- Johanna Hirst – Assistant Social Care Practitioner, Adult Assessment & Care Management, People Directorate
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)

### 9.2 Joanne Barlow who is a local carer has also been invited to attend to assist the committee with their investigation by providing a service user's perspective of our adult social care services.

## **10.0 Possible Areas for Investigation**

### 10.1 Members may wish to ask questions around the following areas:

- To what extent has the implementation of the Target Operating Model (TOM) achieved its goals to: change practice to focus more on early intervention and

prevention; increase self-help and redirect people to non-statutory and universal services; and increase short term, targeted reablement?

- What do service users think to the new model? What engagement has been undertaken with them to obtain feedback and improve services?
- To what extent have Social Workers bought into the model? Do they understand its operation and has it changed their practice?
- What has been done to understand the customer journey through the service including waiting times?
- The planned reduction in residential admissions on the backdrop of the TOM implementation was not realised in the last financial year, what impact has this had on the service and what plans are in place to address this?
- How effective is the integrated working between different teams and agencies including local health service providers? Are all key stakeholders on board and supportive of future plans and developments?
- What systems are in place to ensure the effective collection and use of data to understand service performance and to help identify areas requiring improvement?
- What support is being given to employees to help them to improve performance/services?
- What actions could be taken by Members to continue to assist in improvements to Adult Social Care Services in Barnsley?

## **11.0 Background Papers and Useful Links**

- Cabinet Report Endorsing Implementation of the Target Operating Model from 13<sup>th</sup> April 2015 (Cab.11.3.2015/7.2):  
<http://barnsleymbc.moderngov.co.uk/Data/Cabinet/201503111000/Agenda/item%20f7.2.pdf>
- Care Act (2014): <http://www.legislation.gov.uk/ukpga/2014/23/contents>

## **12.0 Glossary**

ASC - Adult Social Care Service  
CAT - Customer Access Team  
DOLs - Deprivation of Liberty Safeguards  
KLoEs - Key lines of Enquiry  
MSP - Making Safeguarding Personal  
OSC - Overview and Scrutiny Committee  
SARs – Safeguarding Adult Reviews  
TOM - Target Operating Model

## **13.0 Officer Contact:** Anna Morley, Scrutiny Officer (01226 775794), 4<sup>th</sup> July 2016