

ADULT SOCIAL CARE – TARGET OPERATING MODEL

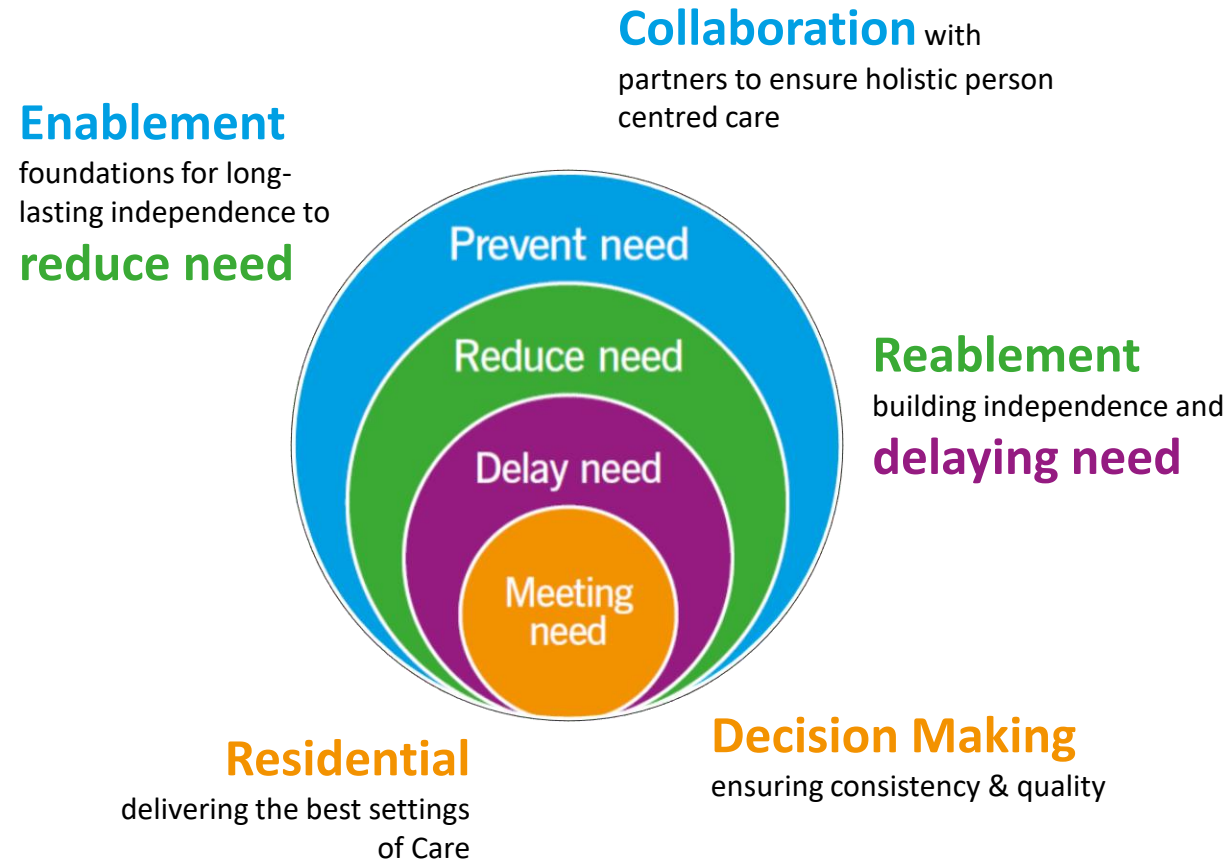
November 2020

SUMMARY

The programme has delivered the anticipated benefits: £11.8M recurrent annualised benefit through improved outcomes for service users and better staff ways of working

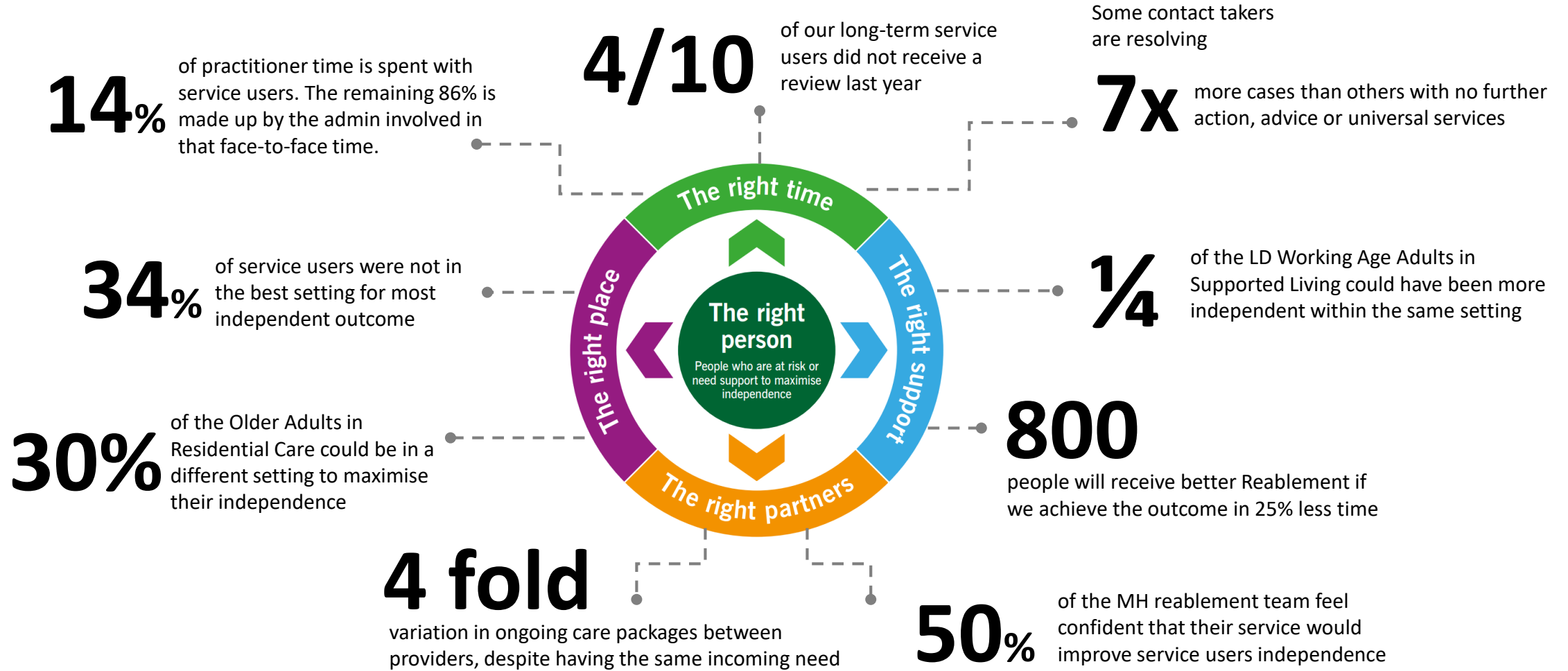
LCC ADULT SOCIAL CARE'S MISSION

“To make the best use of the available resources to keep people in Leicestershire independent.”

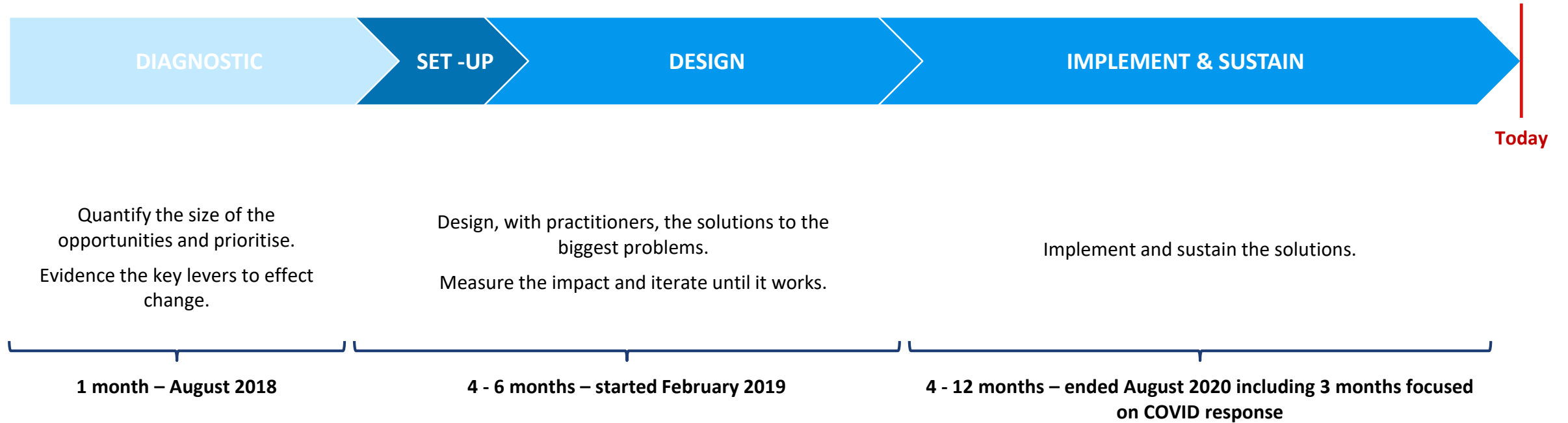


INITIAL DIAGNOSTIC: OPPORTUNITIES TO IMPROVE FOR OUR SERVICE USERS

WHILST DELIVERING >£10.4M RECURRENT BENEFIT



OVERVIEW OF THE PROGRAMME



Summary

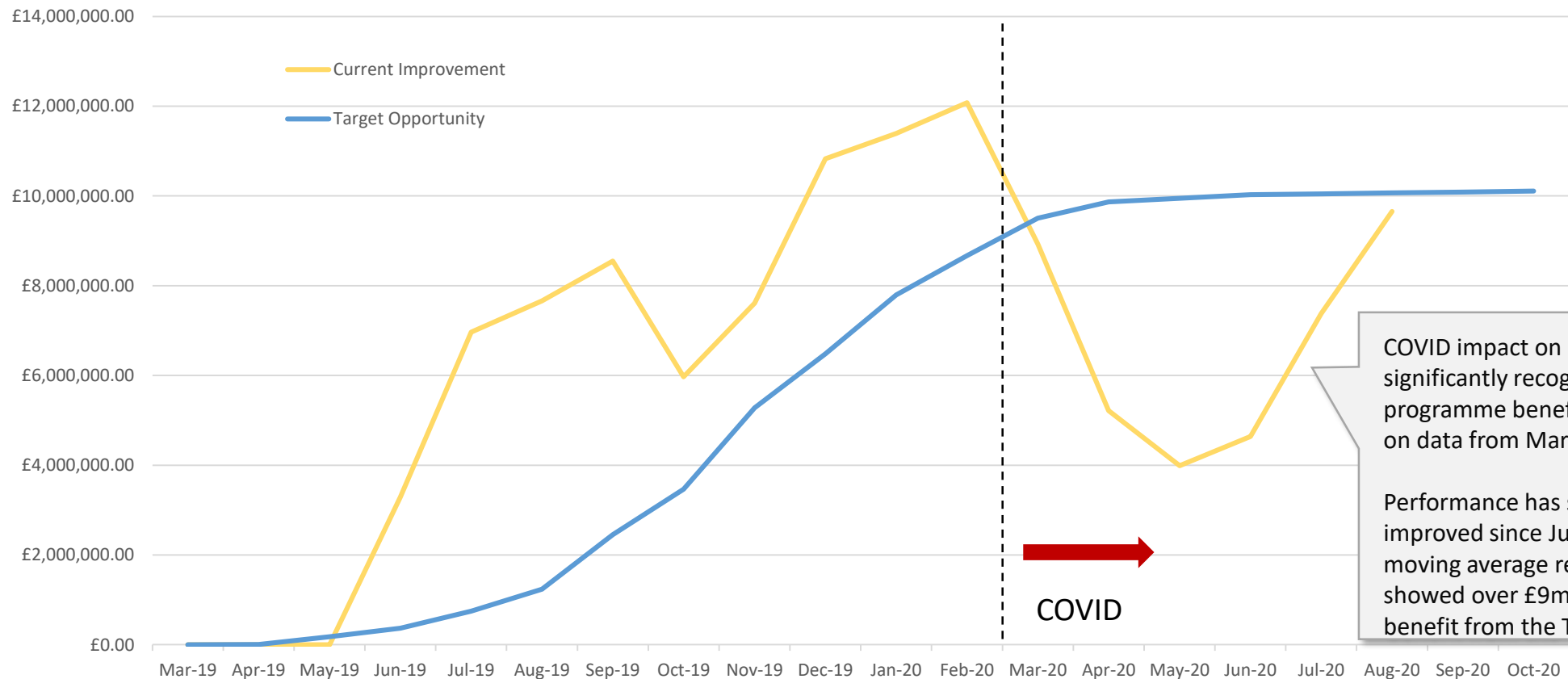
The programme has delivered the anticipated benefits as previously forecast in this forum

OPPORTUNITY MATRIX – DERIVED FROM BETTER OUTCOMES – TOM DELIVERED BETWEEN TARGET AND STRETCH

	Workstream	Description	Estimated Annualised financial opportunity (lower bound)	Estimated Annualised financial opportunity (upper bound)	Measurement Period Annualised benefit (pre-COVID actual)
Older Adults	OA1 Reablement	Ensure additional people who could benefit from reablement are systematically identified and referred into the care pathway Make further improvements to the reablement care pathway and outcomes to ensure consistency	£3,8M	£4,9M	£4,6M
	OA2 Consistent and enhanced decision making	Prevent inappropriate admissions to residential care Improve the consistency of allocating domiciliary care and direct payment	£1,7M	£2,2M	£1,3M
	OA3 Quality Improvements	Improvements to the quality and consistency of assessments and reviews (across both the Customer Service Centre and locality-based practitioners)	£1,4M	£1,8M	£1,5M
Working Age Adults	WAA1 Enablement &	Improve the independence of an identified cohort of service users in the community &	£0,4M &	£0,8M &	£2,2M
	WAA3 Consistent and enhanced decision making	Improve the consistency of allocating support packages to mental health and learning disability service users, and enable more independent living where appropriate	£1,1M	£1,4M	
	WAA2 Change to setting of care	Move an identified cohort of people from residential care to supported living	£0,7M	£1,2M	£0,8M
	WAA4 Quality Improvements	Improvements to the quality and consistency of assessments and reviews (across both the Customer Service Centre and locality-based practitioners)	£1,2M	£1,6M	£1,4M
				£10,4M	£13,9M

BENEFITS MONITORING BOARD PLOTTING THE COVID IMPACT

TOM Programme Performance
 Annualised Benefits (Cashable + Non Cashable)



COVID impact on measures is significantly recognised in programme benefits tracking based on data from March onwards.

Performance has significantly improved since July and eight week moving average results in August showed over £9m annualised benefit from the TOM.

SUMMARY OF CURRENT MEASURABLE NON-FINANCIAL BENEFITS – NOT SOLELY ATTRIBUTABLE TO TOM

Area	Workstream	Metric	Value pre-TOM	Value post-TOM	Notes
Benefits by workstream	Older Adults	Permanent Residential Admissions	81 admissions/month	67 admissions/month	17% reduction
		Residential Cohort	1940 SUs	1850	5% reduction
		Wait Time (Planned Trays)	80 days (Harborough)	17.5 days (all)	Significant reduction
	Locality Rollout	Wait List Length	573 cases	390 cases	32% reduction
		% Annual Reviews Completed	74%	72%	See commentary
	WAA (Disabilities)	% SUs on track to ideal outcome	40%	59%	48% increase
	WAA (Mental Health)	% SUs on track to ideal outcome	17%	28%	65% increase
	Accommodation Moves	Service Users Moved	0 SUs	45 SUs	-
	CSC	Time to Resolve Contact	10 days	3.5 days	65% reduction
		% Inappropriate Referrals	25%	6%	76% reduction
Reablement	# additional SUs made more independent	-	800 SUs	30% increase from pre-TOM	
Additional Benefits	Absence Rates	Days lost per FTE (HART)	13.7 (March 2019)	11.3 (June 2020)	18% reduction
		Days lost per FTE (Care Pathway)	10.8 (March 2019)	11.6 (June 2020)	7% increase
	Data Usage	Monthly Dashboard Views	12,640 (March 2019)	23,942 (Jan '20 – post rollout)	89% increase
		Monthly Unique Tableau Users	695 (March 2019)	1,210 (Jan '20 – post rollout)	74% increase

*During COVID review team resource reprioritised to deal with response mobilisation

REABLEMENT CASE STUDY

ARTHUR FROM COALVILLE



Arthur and his partner moved to a care home after their bungalow flooded in March 2018. Sadly, a few weeks later, Arthur's partner passed away, and Arthur spent a further 18 months in the care home, waiting for repairs to be completed.

On 11th September 2019, the property was made ready and HART was asked to support Arthur 3 times per day with personal care, dressing/undressing, meal preparation and maintaining skin integrity, due to his bilateral leg ulcers and Atrial Fibrillation.

At the Welcome Visit, Arthur identified 3 goals for his assessment period:

1. To be independent with his personal care – strip wash/shower
2. To be independent with dressing/undressing
3. To be independent with meals and drinks

Arthur needed a shower chair, perching stool and leg covers to enable him to achieve two of his goals, so HART made a referral to NRS for the equipment and contacted the District Nurses for leg covers.

After 1 week of support, Arthur felt that he was now able to get himself undressed in the evening and get ready for bed. As a result, the PM call was withdrawn.

A shower assessment was completed once the chair and leg covers were in place, enabling Arthur to shower independently. The perching stool was set at the correct height to support him to sit at the kitchen worktop, enabling him to prepare his own meals and drinks.

On 24th September 2019, at the follow-up visit, Arthur demonstrated the ability to make himself something to eat and drink, to shower and get dressed/undressed independently. He asked for information about cleaning services and was given a Care Directory.

Arthur had achieved all of his goals in under 2 weeks, and the package closed with no further need.

OLDER ADULTS CASE STUDY JANE FROM LOUGHBOROUGH

Jane is a massive music fan. She has stacks and stacks of vinyls piled up in her front room that she's collected over the years and there is nothing she likes better than an afternoon enjoying her tunes on the record player.

Sadly over the last decade or so, Jane has been losing her sight. Her vision has now become so poor that she can't operate her record player and she's not been able to listen to her vinyls in 5 years.

But Lee, her Social Worker, refused to accept this and decided to get creative and shared this at the new TOM Group Supervision Meeting...

...Working with Jane's family, Lee got an Amazon Alexa delivered and set up. **"Hey Alexa!"**, Jane says excitedly, **"Play me some Ray Charles."** For the first time in half a decade, Hit the Road Jack blares from the speaker in Jane's front room. Let the tunes play!



WAA ACCOMMODATION CASE STUDY

SOPHIE FROM WIGSTON

Sophie is 27 and has a Learning Disability, and moved in residential care in 2013, when she was 21.

After a review in February 2018, she was identified as a potential candidate for moving to Supported Living, and was referred onto the waiting list for matching to an available property.

Over 14 months later, despite a vacancy list with over 50 vacancies, she was not matched with an appropriate vacancy and was still living in Residential Care. Sophie's mum got in touch with the worker to say they had, "not heard anything", and "felt a bit abandoned" as Sophie was so excited to move.

Within the first month of the TOM trial in May 2019, Sophie was matched to 4 potential vacancies from the existing list to go and visit, and is now due to move into her new property later this year.

Within 4 weeks of the TOM matching tool being introduced, **all 60 people in Residential Care on our waiting list for Supported Living were matched to an existing vacancy** that we are now exploring with them.



“I feel much more equipped to tackle the mammoth task of a Service Manager with my new skill set and loved (almost) every minute of the TOM.”

TOM Design Lead

“I am more in tune with strategic goals/ targets able to find the information easily due to Tableau”

Davica Cartwright, Service Manager

I have been working very closely with my team, service managers and heads of service in a very positive way ,ensuring everyone is listened to and their feedback acted on. I believe it has made our team stronger.”

Lisa Gulnn - HART Hinckley Design Team Manager

“A lot more people in Leicestershire, now and in the future, will have better and more independent outcomes. This has only been made possible by LCC staff challenging their ways of doing things.”

Stephen Knight - Partner - Newton Europe

“I am thankful that we had already implemented TOM as this has assisted in being able to move staff to assist with other work streams.”

Shella Bobe - OA Service Manager

“Seeing the positive outcomes for citizens and staff has been the most impactful thing for me.”

Lynn Dannatt, HART Design Lead

“I love the fact that service users aren't waiting long before being allocated”

Shella Bobe - OA Service Manager

“I'm enjoying getting to know lots of new colleagues. We are also creating a Team Support worker network to share and enhance our knowledge of the role and our responsibilities.”

Debbie, Team Support Worker - Melton

“ I learnt so much...the ability to stop, break a problem down, find solution by involving others, running meetings and workshops, thinking end-to-end rather than finding solutions which weren't always thought out”

Kelly Wright - CSC Design Lead

“I learnt about the strengths of team members and potential areas for further development. What would I like to learn next? - How to be a better coach to further support the development of colleagues.”

Matt Williams, Business Intelligence A&C Business Partner

Source:

INTERNAL LCC AUDIT REPORT

- Two internal LCC audits have been undertaken of the programme and these have combined to report a finding of “substantial assurance” of the programme’s delivery.