

PART 1 - PUBLIC

Decision Maker: Adult and Community Policy Development & Scrutiny Committee

Date: 24th February 2010

Decision Type: Non-Urgent Non-Executive Non-Key

Title: SUPPORTING INDEPENDENCE IN BROMLEY PROGRAMME

Contact Officer: Jean Penney, Programme Manager, Supporting Independence in Bromley
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Chief Officer: Terry Rich, Director, Adult & Community Services

Ward: Borough Wide

1. **Reason for report**

To provide an update on the development of the Supporting Independence in Bromley Programme and the Customer Journey.

2. **RECOMMENDATION(S)**

- 2.1 Members of the Policy Development and Scrutiny Committee are asked to comment on the development of the customer journey.
- 2.2 The Portfolio Holder is asked to endorse the development of the customer journey.

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Supporting Independence.
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Financial

1. Cost of proposal: <please select>
 2. Ongoing costs: <please select>.
 3. Budget head/performance centre: Transforming Social Care - Programme Manager - Jean Penney
 4. Total current budget for this head: £2.1 m over two years
 5. Source of funding: Social Care Reform Grant
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Staff

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours:
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Legal

1. Legal Requirement: Non-statutory - Government guidance. Government guidance. Grant conditions required to secure Social Care Reform Grant as above. Transforming Adult Social Care, LAC (DH) (2009) 15th March, 2009. Putting People First 10th December, 2007
 2. Call-in: Call-in is not applicable.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The transformation agenda will impact upon all who require publicly funded adult social care as well as shaping the wider social care market for those who self-fund. Currently 10,000 adults per annum receive support and social care services in Bromley.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments:

3. COMMENTARY

3.1 Introduction: In line with the strategic direction articulated in the Putting People First concordat (December, 2007) the Supporting Independence in Bromley programme is designed to promote the independence, health and wellbeing of service users and carers by focusing on prevention, early intervention, enablement and high quality personally tailored services.

3.2 Meeting future demand: The population of Bromley is just under 300,000, and is projected to rise by 0.9% over the next five years. Delivering efficiencies within the system is therefore an essential element of the Supporting Independence in Bromley programme and will place Bromley in a position where it is able to meet increased demand in the future. The programme aims to develop ways of helping people that remove or reduce their need for care and support so that our staffing resources are able to maintain and improve focus on those that need us most. The Programme will therefore deliver a programme of change that will:

- Maintain our focus on funding people deemed to have critical and substantial needs and safeguarding adults.
- Focus our specialist advice and support on those that need and want it and allowing those that prefer to do more for themselves to do so.
- Focus our internal resources on reducing need and building independence, through targeted short-term prevention, re-ablement and independence training.

3.3 Universal and Targeted Offer: The Programme will develop two “offers” i.e. two ways that services can be provided to residents of Bromley.

1. The ‘universal offer’ which represents services available to all adults living in Bromley and relates to peoples widest needs i.e. public health, housing, recreation, transport. Developing understand about the role and responsibility of local strategic partners in meeting the needs of disabled and older people in their community and increasing access to universal services will reduce the need for people to access social care.
2. The ‘targeted offer’ which represents the services delivered to those adults who need to engage very directly with social care services.

The Council and its local strategic partners have an important role to play in delivering the ‘universal offer’ whilst ACS is crucial to the delivery of the ‘targeted offer’.

3.4 Access to support: The starting point for service changes looks at how people who do not meet eligibility and would normally have to navigate the system themselves will access information, advice and guidance that will facilitate decision making and enable them to find their own solutions without the need for accessing statutory support.

3.5 Technology: We are currently looking at a variety of web-portals that are easy to navigate and use and will provide or signpost people to information, advice and guidance which will help them to find their own solutions. Information, advice and guidance will not only be accessible by web but by telephone, as well as face to face and available in a variety of locations for example Libraries, GP surgeries.

3.6 Self-Assessment: A self-assessment web-site will help people to identify their own needs and will tell people whether they are likely to receive social care funding or not. For people who are not eligible it will signpost them to appropriate support and advice services. For people who request a community care assessment the self-assessment will be used to inform the assessment and reduce staff time.

- 3.7 One Stop Shops:** The development of one stop shops where people can try out equipment, access information about social care and universal services will enable individuals to lead independent lifestyles in the community. This resource will also focus on community participation and encourage people to become active members of their local community so that through peer networking and support groups they are helped to live independently and safely within the community.
- 3.8 Access to ACS:** Staff from ACS based in Bromley Social Service Direct will deliver an enhanced approach to providing information, advice and guidance at the point of contact and the 'switching on' of low cost simple services will enable ACS to focus on reducing high level of need, reaching more of the people who need the services most, and reducing the costs incurred in providing access to services. A successful customer-facing service will deliver a high level of customer satisfaction, increased knowledge of what is available and where, as well as streamlined delivery method for all services resulting in less referrals to the Assessment service.
- 3.9 Prevention:** There is a strategic shift in the focus of care and support away from intervention at the point of crisis to a more holistic, pro-active and preventative model centred on improved well-being. The introduction of re-ablement at the point of in-take aims to significantly reduce the numbers of people being referred for on-going Council funded support. Identifying the potential benefit of re-ablement at the time of review and providing a re-ablement service to those people aims to reduce the number of people requiring Care Managed services.

The Care Services Efficiency Development Programme using data from 7 London authorities and for people who fall into the substantial banding within the Fair Access to Care criteria, suggest that 2.28% of the total population could benefit from re-ablement i.e. 1,046 people living in Bromley. Their recent longitudinal study main findings show:

In 3 of 4 schemes:

- 53% to 68% left re-ablement requiring no immediate homecare package
- 36% to 48% continued to require no care package 2 years after re-ablement.

- 3.10 Equipment:** The introduction of assistive technology to support people in their own homes aims to reduce the need for people to have packages of support which are managed by LBB. A 'Smart house' at Lewis House in Beckenham has been set up so that people can try out equipment for themselves and reduce the need for staff visiting people at home.

The community equipment retail model provides an opportunity for people to access accredited information about equipment in the high street without having to come through statutory services. The Care Services Efficiency Delivery Programme carried out a shadow running evaluation of the transforming community equipment programme in 3 pilot areas, Cheshire, Manchester and Oldham. They found that people experienced a reduction in the average number of days from **referral to assessment** from 18 to 9 days (a reduction of 50%) and from **assessment to case closure** from 45.5 to 27.5 days when accessing equipment through the retail model. Even with an increase in user referrals the reduction in waiting times was achieved.

We have commissioned a web-site called AskSARA. This provides a self-assessment process which gives details of equipment that can be purchased to meet the need defined by the individual. It gives full details of why the item of equipment has been recommended and for people who define themselves as having more complex needs suggests that they ask for an Occupational Therapy Assessment. The completed self-assessment can be sent on to ACS reducing staff time in completing the assessment. ACS staff based at BSSD will be able to support people over the telephone to complete the Assessment.

3.11 Personal Budgets: Every person will know how much money is available to spend on their care/support needs at the time of assessment. People can choose the level of responsibility they wish to have in managing the budget and support. Some people will choose to have total choice and control and manage the budget and support themselves i.e. receive a direct payment. People choosing to have a direct payment and manage their own support will save LBB staff time changing service delivery etc.

The introduction of a pre-paid card will make monitoring the direct payment easier as staff will be able to view the statement on-line in the office without having to visit clients and chase clients to send in their accounts. Options for such a card are being explored and evaluated.

3.12 Support Planning and Brokerage: When people have been allocated their personal budget they will be able to choose the level of support they need and who will help them plan how to spend their money and to secure the service/support. Some people may choose to do this themselves, others may ask a family member, friends or ask LBB staff or Inspire, which is an organisation commissioned by LBB, to help with support planning and brokerage. By giving people greater choice on where their support comes from we aim to free up Care Management resources to focus on those in greater need.

Age Concern and Mencap Brokerage service is supporting people who do not meet the Council's eligibility for social care funding.

3.13 Integrated approach: An integrated approach to case management for health and social care professionals where clients/patients have one primary case worker will enable qualified staff to focus their skills on those in greater need and meet rising demand.

The development of a trusted assessor programme where staff from other agencies are trained to deliver low level assessments which are authorised by ACS staff will reduce waiting lists and access to services.

3.14 Processes: Introducing assessment, support planning and review processes that are proportionate to need, will allow ACS staff to concentrate on those with more complex needs and meet increased demand.

Developing new, optimised processes removing the unnecessary "hand-offs" and ensuring that tasks are carried out by the most appropriate level of resources will reduce waiting lists, speed up and improve the customer journey.

The introduction of web enabled technology so that assessment and care planning, on user friendly forms, can take place alongside a client in their own home and then uploaded to the current social care system will save time for ACS staff and prevent double inputting of information.

3.15 Risk Enablement: Support for managing risks and positive risk taking will be built into the new system so that people are able to make good choices, understand the consequences and take some responsibility for them. A risk enablement panel will support individuals, their families and ACS staff in managing risk and preventing safeguarding alerts.

4. POLICY IMPLICATIONS

The Supporting Independence in Bromley programme is supported by the Building a Better Bromley key aim Supporting Independence and is the key theme within the Adult and Community Portfolio Plan 09/10. The programme is in line with national developments to transform social care and supported by specific 3 year funding through the "social care reform grant". This funding supports the vision as laid down in "Our Health, Our Care our Say" and the "Putting People First" Dec. 2007

5. LEGAL IMPLICATIONS

Government circulate LAC(DH) (2009) has the effect of Mandatory Guidance and thus will need to be complied with to enable monies to be released contingent to section 31 of the Local Government Act 2003. The Social Care Reform Grant is a specific grant for a limited period of 3 years. All expenditure is of a temporary nature and any posts are either short term project management posts or will only continue at the end of the programme where compensating savings have been identified elsewhere as a consequence of the change programme. The expenditure plan is overseen by the Programme Board.

6. PERSONNEL IMPLICATIONS

Changes in staffing requirements, including the types and levels of staff required and the appropriate competences to deliver personalised social care will be subject to the usual HR procedures which will include full consultation with staff, trade unions and departmental representatives on any changes that have an impact on jobs and rules. Such changes will be reported to Members as a matter of course.

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| Non-Applicable Sections: | [List non-applicable sections here] |
| Background Documents: (Access via Contact Officer) | [Title of document and date] |