

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	2 MARCH 2016	AGENDA ITEM:	9
TITLE:	RIGHT FOR YOU		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	ALL
LEAD OFFICER:	MELANIE O'ROURKE	TEL:	0118 937 4053
JOB TITLE:	HEAD OF ADULT SOCIAL CARE	E-MAIL:	Melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide ACE with a summary of the pilot being run in Adult Social Care to transform the approach to social care to promote independence, wellbeing and improved customer satisfaction. The report provides an early indication of the potential financial benefits of this approach matched against activity data. The report goes on to update ACE about the next steps of this pilot approach known as Right For You.

2. RECOMMENDED ACTION

That ACE Committee:

- 2.1 Note the Right for You approach and the potential customer care and financial benefits it has to the way we offer adult social care services and receive further updates as the project develops.
- 2.2 Approves the progression of the project to Phase 2.

2. POLICY CONTEXT

- 3.1 As you will see in this report, the Right For You model focusses on wellbeing as well as eligible need by "helping people to help yourself" by connecting to local and neighbourhood services so preventing the need for further state funded provision. The Care Act creates a new statutory duty for local authorities to promote the wellbeing of individuals. This is a guiding principle for the way in which local authorities should perform all of their care and support functions.

With this in mind the council is currently consulting on the ADULT WELLBEING POSITION STATEMENT 2016, which states,

“The need to invest in preventative services to delay people’s need for social care and health services is widely recognised as key to ensuring that care services are to be sustainable into the future. The challenge of reduced budgets alongside population growth means we need to achieve a significant shift in emphasis across parts of our service offer, and develop our understanding so that we can target our approaches ever more effectively”.

4. THE PROPOSAL

4.1 Current Position

Since the Community Care Act in 1990, social care services adapted to a Care Management approach, whereby the social care professional would assess the individual and identify the things that they were unable to do, and determine what ‘services’ they could commission fitting the needs into the services available. The role of the ‘Care Manager’ was the expert who determined how the care would be provided.

The onset of the personalisation agenda, focused the role of ‘expert’ on to the individual, through the use of direct payments, but classically this continued to be provided by very traditional services.

Right for You is an approach which Adult Social Care are currently piloting which promotes a personalised approach through different conversations with people to connect them to their local community and provide timely support in crisis or short term situations before planning for the longer term.

It will support the transformation of the service by fundamentally shifting the organisational culture from one of providing services and meeting needs, to focusing on what will make a difference for the individual concerned and connecting them with their local community. By doing so, it will inform a reshape of Adult Social Care Services.

4.2 The model

The **Right for You (R4U)** model has been coproduced with the community teams to radically shift the approach based on a ‘3 tier conversation model’. Although owned by Reading professionals R4U is based on tried and tested methodology, and other Local Authorities have reported both service improvements and effectiveness.

Tier 1 - Help to help yourself by connecting people to their local community to provide support.

Tier 2 - Help when you need it by supporting people when they are in crisis or require short term support by ‘sticking to people like glue’ and not planning for the longer term, until short term support has been tried and the crisis managed.

Tier 3 - Ongoing support for those who need it, by a personal budget where appropriate.

Table 1: The Three Tier Model

The Model



This approach aims to -

- ✓ move away from assessment and eligibility to one of prevention and independence;
- ✓ build on a person's strengths and look at what support systems the person has that can support them;
- ✓ don't make long term decisions in a crisis;
- ✓ continuity of care by staying connected to the person through the support, rather than different professionals becoming involved at different stages.
- ✓ connect the individual to their local community to support them;
- ✓ promote wellbeing

4.3 Phase 1

Phase 1 of the project involves the approach being tested in 2 innovation sites, one is covering all people who do not currently receive a service from Adult Social Care who approach us with a new issue and the other is neighbourhood based and is covering the postcode area RG2. The innovation sites have been run from 2nd November 2015 and 16th November 2015 respectively.

4.4 Evaluation

The early outcomes are showing that -

- ✓ Customers are reporting higher levels of satisfaction
- ✓ individuals are receiving a quick response and being connected to their community. People do not wait for a response from either innovation site and thus this is having a very positive impact on waiting lists.
- ✓ the numbers of people going on to receive ongoing support is low. Refer to financial benefits section.

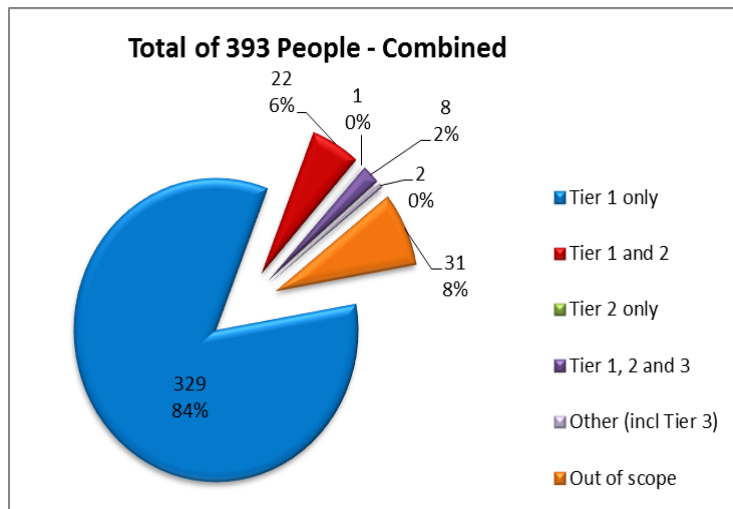
- ✓ workers are reporting a higher degree of satisfaction and say it is having a positive impact on their wellbeing.

4.5 Activity data

Based on 3 months data there have been 393 people who have had a R4U 'conversation'. These are the number of new referrals.

4.6 The following is a breakdown of what tier of conversation was held. (Please refer to description in the table).

Table 2.



4.7 The conversion rate, i.e. of the total number of people 'ended', how many have gone onto receive long term support, is currently 1:29. As the numbers increase this may reduce as the cohort is extended to potentially more challenging people where the approach hasn't yet been tested in Reading.

The people who receive equipment and adaptations are not classed as receiving long term support but would be annually reviewed (minimum) to ensure needs are being met.

4.5 Next steps

Phase 2 will involve the setting up of further innovation sites to test the approach in different circumstances. These will run for 3 months. A further evaluation will take place. If the evidence continues to support this approach, phase 3 will involve an upscaling to Adult Social Care Services with a provisional implementation date of 2017.

4.6 Opportunities

The Right For You model has synergies with the Neighbourhood Clusters programme which has been part of the Better Care Fund (2015). This is in terms of providing early supported intervention. The Reading Integration Board is monitoring the developments of the Right for You pilots. The Board will explore opportunities for the Right For You pilots to be aligned to Primary Care and Community nursing to help those with complex long term conditions, which will improve outcomes and the experience of individuals.

5. CONTRIBUTION TO STRATEGIC AIMS

The proposals outlined in this report are consistent with the corporate plan 2016 - 2019 -

- Safeguarding and protecting those that are most vulnerable
- Providing the best life through education, early help and healthy living
- Remaining financially sustainable to deliver these service priorities

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 As R4U is in pilot phase, community engagement has not widely taken place and has been focused on key groups who R4U interact with.
- 6.2 Service user feedback is being sought from people who have been seen through this approach, and will shape the further development of the pilot sites. This is via a questionnaire with support to complete from a worker.
- 6.3 If the approach is adopted wider community engagement will take place.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 Not completed at this stage.

8. LEGAL IMPLICATIONS

8.1 The Care Act 2014 gives a 'prevention and wellbeing' duty and a statutory duty to assess if someone appears to have care and support needs. The Right for You approach supports our prevention and wellbeing duty through the tier 1 and 2 conversation and if an individual has ongoing care and support needs at tier 3, a needs assessment will be completed.

9. FINANCIAL IMPLICATIONS

- 9.1 There would appear to be some opportunities to prevent spend rather than create savings, by adopting the Right for You approach. This is based on a number of caveats -
- The project has been running for only 3 months and as such the sample being used to evidence benefits is small. There is very limited information for financial modelling. The sample used considers only people who have been 'ended' in the system where we know the outcome. There are a significant proportion of people who are still being worked with and therefore we do not know the end outcome of the intervention so some of these people have the potential to move to ongoing support.
 - The data used being reliable - some validation of this has taken place but further work needs to happen to ensure it is robust.
 - The cohort being seen by Right for You (or mental health/most learning disability) does not include a significant number of hospital discharges or

safeguarding referrals, so some of the more complex and potentially costly cases may not be seen by Right for You within the current cohort.

- It is not known what the impacts are in the long term. It is predicated that the Right for You approach is delaying the need for long term support, but how long it is being delayed for is not known at this stage.

9.2 Based on the caveats above the financial benefits have been worked out on the following assumptions.

9.3 Financial implications for residential care

During the baseline period there was an average of 2.75 Residential placements per month from the cohort of clients where the Right for You approach was not adopted. No clients assessed under the Right for You pilot have moved into residential care.

	Non Right for You approach	Right for You approach
Number of people placed in Residential Care per month	2.75 £1,650	0 = £0.00

It is indicated that the Right for You approach is providing support to people to enable them to be maintained at home.

It is not known whether this is a permanent change or whether it is just delaying the move to a residential placement.

Based on the information, assuming the Right for You approach delays entry to a residential placement by 6 months, on 50% of the cases that would normally have gone straight to residential care it is hoped that the project can achieve a financial benefit of around £125,000 per year.

9.4 Financial implications for homecare

In the baseline data between 1/3 and 1/2 of all contacts that ended with a package received homecare. The average homecare package for all users on Mosaic is set at around £200 per week.

Current activity from Right for You shows a significant reduction in the number of people receiving a homecare package.

As the data is limited, the analysis is based on Right for You being able to provide a 10% reduction in the amount of homecare following the Right for You intervention (delayed for 6 months). This would provide a financial benefit of £120,000 per year.

This figure looks at new cases, and does not take into account existing clients where the R4U intervention has prevented an increase in the package.

9.5 Costs

There have been very few costs currently attributed to the Right for You project and the use of Community Reablement Team for some of the intervention work does not increase the cost to the Council.

£4,000 has been committed on Mosaic external packages for Right for You and work is underway to monitor spend through the credit cards, equipment and adaptations budget.

Based on this, the yearly expenditure could be around £20,000

9.6 Predicated financial benefits on the current cohort

Based on the caveats stated it is forecast that there will be £225,000 (excludes costs) prevented expenditure over a full year, based on the current cohort which is 36% of the total of new referrals.

If this approach is up scaled, further benefits are predicted. The extent of the benefits will be dependent on the cohort and data will need to be collected for a minimum of 3 months before giving an early indication of benefits.

10. BACKGROUND PAPERS

10.1 None.