Contact and Referrals

Summary:
The purpose of this paper is to update Members on the status of contact and referrals and the progress made in effectively managing effectiveness of the process since the last report in July.

Following the report to the Committee in July, the backlog in Older People's Services was substantially eradicated during a two week intensive period of improvement in the summer.

The new Operational structure went 'live' on 4th July 2011 along with new monitoring arrangements.

Control and management mechanisms are now in place and all urgent/priority cases are addressed as they come in to the Authority and resolved within the shortest possible timescales – and well within the 28 day period. The Committee is asked to note that Adult Social Care must prioritise hospital discharges and urgent community situations, which can create a level of delay in processing Assessments already scheduled, where they do not meet either priority. In some cases, this can mean that non-urgent cases stray beyond the 28 day margin, but in approximately 33% of these cases delays are due to customer's personal circumstances - e.g. re-admittance to hospital, cancelling appointments and their unavailability.

Assessment performance is monitored closely through Performance Board and recently through Budget Risk Monitoring Group under the leadership of Cllr Kelly Smith.

The table below shows the total number of Assessments outstanding across all service areas (previous reports only related to Older People) and the actual number of outstanding assessments which exceed the 28 day period, can be considered as approximately 112. Of these, a significant number are only outstanding a matter of days. Regular reports and monitoring through Performance mechanisms means that assurance can be given that cases approaching the 28 day period are given priority for resolution.

The focus on meeting the 28 day target is greatly improved and there are on-going monitoring and improvement arrangements which are aimed at further improvement in performance as we move forward in the year.

In the last financial year just over 11,000 assessments/reviews were completed by Adult Social Care. This year, the level of demand has increased and therefore the number of cases outstanding across all areas needs to be considered in this context.

Data analysis and review of root causes behind delays has allowed us to understand both the underlying issues and the complexities to be addressed, as well as forming the basis for management and remedial action required, if backlogs develop, at peak times in the year.

The Committee is asked to note that the savings and transformation programme has resulted in a huge increase in demand for assessments which are putting the total system under strain, but due to monitoring and regular Senior Manager review, we have been able to respond promptly and have secured approval for additional temporary resources to address this between now and end of March 2012. (detail in Section 2, below)

Position as at 05.12.11

Since July 2011 all new cases have been monitored on a monthly basis through a new reporting framework. For ASTI teams, current delayed assessments are as follows:

Area	Assessment complete but not input to AIS	Outstanding assessment
Spalding / Stamford	10	67
Skegness / Boston	14	31
Mkt Rasen / Louth	29	14
Grantham / Sleaford	0	24
Lincoln / Hykeham	21	9
Gains/ Lincoln	28	23
Pilgrim Hospital	0	1
Grantham Hospital	0	0
Lincoln County Hospital	0	3
Total	102	172

Progress against issues identified as at July:

Delays in the customer pathway were identified as part of the initial project to reduce backlogs in Older People's services. These are considered as being:

- o AIS data cleansing issues
- o Staff vacancies/absences
- o Identification of staff under-resourcing to manage large numbers of referrals from Peterborough and Kings Lynne hospital (South Lincolnshire)
- o FAB/Direct Payments/Brokerage related issues (currently within Commissioning)
- o People with moderate needs still in the system

Action plans and continuing projects aimed at resolving these issues have been put in hand and progress in each area is being made, in collaboration with NHS partners and Commissioners, as well as within LCC, through programmes of staff training, development, cultural change toward a more timely, customer-centric approach, etc.

Additional Assessment Work (workload pressure being managed):

The Committee is asked to note that the Assessment & Care Management Teams have been managing additional workload, generated by the Transformation and Savings Programmes. This covers:

- Shaping care (closure of 5 LCC Residential Homes, with associated Day Services and Respite provision) – completed
- 2600 additional assessments will be required will be required for Eligibility reassessment, which is in part being supported through additional short term resourcing, but will require input from the ACM Teams.

This workload drives additional priority assessments, in order to deliver in-year projects to drive sustainable savings. Staff have been positively managing the additional challenge, while agreement (now reached) was sought for the additional resource required to support short term projects. These resources will support the further erosion of backlogs against this target and should ensure further embedding of a culture aimed at delivering Assessments quickly and effectively.

The following areas are either already generating workload for the Assessment Teams, which will also be supported by the additional temporary resource:

- Charging policy
- Transport
- LD CHC reassessment
- Eradication of 'double funded' day services

Careful review across Senior Managers in ASC, including discussion with the Director, agreed the level of supporting resource required (and the duration of additional activity) to address these needs and temporary additional staff are being recruited in order to deliver the in-year targets in this area.

Recommendation(s):

Audit Committee are asked to accept that the backlog situation is improved and is under continuous review and that Lincolnshire County Council is better assured of the process to manage and respond to workload pressures in this area.

The Committee is also asked to note the following management activity to address the management of backlogs on an active and on-going basis:

1. Management Action in Hand:

A Management Action Plan has been in operation from July – this is a process designed to support effective working and includes:

<u>Data analysis and exception reporting</u>

Monthly reports have been provided to Principal Practitioners since July 2011 to identify all cases that are awaiting assessment, and these are regularly reviewed.

Validation exercises have been undertaken to ensure data has been input correctly. This has identified compliance and data issues which are addressed with teams and individual staff, as appropriate.

A suite of exception and management information reports are now available and super-users (business support staff with additional AIS expertise) have been identified to support each operational area in delivering improved data management and quality. This is supported by on-going training and supervisory support to enable the change of culture to embed.
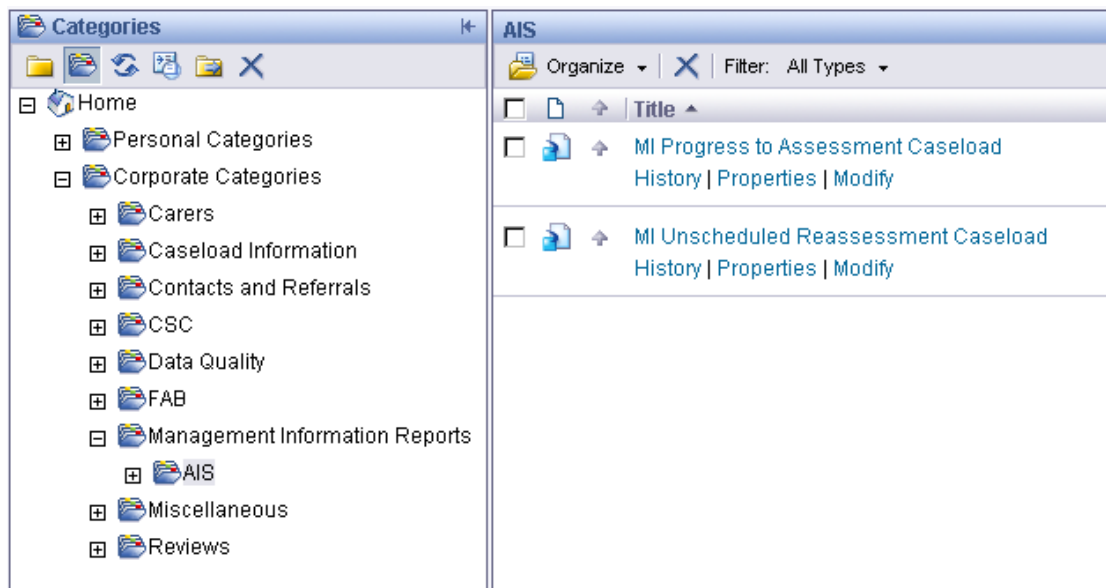
AIS Exceptions Dashboard

AIS Exception report listing

Demographic exception report (by team / month)	Open
Display address exception report (by team)	Open
No main category exception report (by team)	Open
No open category exception report (by team)	Open
Contacts exception report (by team / month)	Open
Referrals exception report (by team / month)	Open
Assessment exception report (by team / month)	Open
Service exception report (by team / month)	Open
Care plan exceptions report (by team)	Open
Unique service customer (full record by AIS number)	Open
LARS services Exception Report (by month)	Open
TeleCare Services Exceptions Report (by month)	Open

AIS exception reports.

The reports contained within this section, are designed to allow the information added after July 3rd 2011 within AIS to be checked for missing or incorrect information.

Please take time to familiarise yourself with the contents of all of your reports.

Please click "Open" to select any of the reports. When the report opens you will be able to select a team, and in some cases a year/month period prior to running the report.

Please note that some highlighted errors may require changes to fields other than the highlighted field in order to correct the error.

Hospital specific AIS exception report listing

Contacts exception report (by team / month)	Open

Brokerage specific AIS exception report listing

Services exception report (by team / month)	Open

A series of workshop and one to one sessions are planned for January 2012, to ensure embedding of these reports by both principal practitioners and super-users to drive through consistent application of good practice.

AIS Data Quality Group

The Data Quality Group is chaired by the ASC Lead Professional and monitors the quality of the information stored on a person's record. The group members include the performance team, business support, social care IT team, ASC performance assurance team, AIS systems development team.

This group has developed an Adults Integrated Solution- Data Quality Procedure and Process.

CSC efficiency programme & ER/M / LARS efficiency programme
Action plans are delivering improvements in process compliance and in identifying areas in which improvements to existing processes and practice are possible to increase the speed at which service users move through the system from first point of contact to the delivery of services.

These plans are under regular review to ensure that improvements remain on track and respond to increased levels of demand for Assessment/Review driven by the Transformation programme.

Collaboration across Operational and Commissioning teams is driving through improved performance and increasing the efficiency of service provided at the front end of the system.

The volume of demand for Assessment continues to increase and there are a number of projects under way which are aimed at reducing overall volume, through improved 'signposting' for self-funders and users who do not meet LCC Criteria for support.

Developments supporting self assessment and assessment by 'Trusted Assessors' (for example NHS staff, undertaking a joint health and care assessment) are also targeted at faster resolution of lower priority caseload.

Other work now addressing sustainable management/containment of backlogs includes:

- Operational review – evidencing further improvement in processes and structures
- AIS compliance programme to more effectively manage data quality
- Data cleansing and analysis of root causes to determine future action and assurance that 'backlog' is actively managed and reviewed
- Assertive managing sickness and other absence programmes with staff
- Impact of moderate eligibility ceasing means a reduction in workload in the fullness of time
- Joint work with Health re reablment grant, which will simplify the Assessment Pathway and enable greater collaboration in resolving joint services to meet needs, reduce 'hand-off' between agencies, etc
- Future of FAB/DP team is being evaluated, based on consideration of whether these teams would be more efficiently located with ACM, rather than sitting, as currently, in Commissioning. The view is that a more integrated team might support effective issue resolution during the Assessment process and therefore reduce time taken to complete assessments.

Conclusion:

Adult Social Care now has effective oversight and performance management mechanisms at both local and senior manager/Member level.

The change in approach delivers an ability to respond rapidly and effectively to issues as they arise and the flexibility to address additional resource needs in a targeted and time-limited manner.

As the improved rigour and cultural focus on the client continues to embed, it is anticipated that even greater improvements in performance will be delivered.