



**Report of the Cabinet Member for Health and Wellbeing  
Adult Services Scrutiny Performance Panel – 21<sup>st</sup> November**

**THE ADULT SERVICES APPROACH TO DEMAND  
MANAGEMENT**

<b>Purpose</b>	To brief the Panel on the approach to Demand Management in Adult Services
<b>Content</b>	This report includes a summary of the approach to Demand Management in Adult Services, in line with the Adult Services Transformation Plan.
<b>Councillors are being asked to</b>	Give their views on the approach.
<b>Lead Councillor(s)</b>	Cllr Mark Child, Cabinet Member for Health and Wellbeing
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**1. Background**

- 1.1 Managing demand effectively in Adult Services is crucial to ensure that the Local Authority can deliver sustainable services within the challenging financial footprint.
- 1.2 Demographic pressures linked to an ageing population, as well as better and earlier diagnosis particularly of learning disabilities, has meant that the numbers of people approaching us for support has increased. These demographic pressures alone do not explain the increase in demand, and the number of people supported and associated support identified is now being delivered at unprecedented levels.
- 1.3 This position is not sustainable, particularly in a climate of decreasing financial resources. Safe demand management has consequently become a critical theme of the Adult Services Transformation Plan and associated Savings Strategy.

- 1.4 Demand needs to be managed both at the various front doors into our services, as well as once people are already being supported in Adult Services.
- 1.5 This paper will outline the approach that is being adopted by Adult Services as part of the delivery of the Transformation Plan.

## **2 The Adult Services Transformation Plan**

- 2.1 In light of the above, Demand Management inevitably features as a core theme of the Adult Services Transformation Plan.
- 2.2 There are 8 core workstreams as follows:
  - Domiciliary Care Demand Management
  - Occupational Therapy review
  - Residential Care Test and Challenge
  - Integrated long-term care team development
  - Older People Continuing Health Care process review
  - Mental Health and Learning Disability Continuing Health Care process review
  - Mental Health and Learning Disabilities Right Sizing and Review
  - Child and Family/Adult Services Transition Process Review
- 2.3 In addition to the above, this paper will briefly touch on the approach to demand management of Deprivation of Liberty Safeguards, although that workstream sits within another part of the Adult Services Transformation Plan.

## **3 Domiciliary Care Demand Management**

- 3.1 In April 2015, the City and County of Swansea jointly agreed with Abertawe Bro Morgannwg University Health Board to create Integrated Network Hubs.
- 3.2 Within these Hubs, co-located multidisciplinary teams of Social Workers, Occupational Therapists, Physiotherapists, District Nurses and Homecare staff were created.
- 3.3 In creating these Hubs, a decision was made to wherever possible reduce bureaucracy and streamline processes, allowing more junior staff to be empowered to make decisions.
- 3.4 This was a hugely positive step, which resulted in much better flow through the system, elimination of waiting lists for services and service users reporting a much more joined up approach to the way in which they were supported.
- 3.5 However, the performance information presented a different picture. In signing up to the Western Bay optimum model for Intermediate Tier

Services, there was an expectation that the overall number of domiciliary care hours provided would decrease, as well as the overall number of people financially supported in residential and nursing care placements. In reality, the number of domiciliary care hours has increased to unprecedented levels which far exceed what we would have expected in line with demographic pressures. In addition, the number of funded residential and nursing placements has plateaued.

- 3.6 The situation reached critical levels in the Summer of 2017, when it emerged that the number of domiciliary care hours supported had exhausted all available capacity in both the internal service and independent sector, which meant that we were not able to respond as quickly as we would like to discharge people from hospital and support people at crisis point in the community.
- 3.7 In May 2017, a workshop was held involving key Officers in Adult Services and the Health Board to map the pathways through to domiciliary care.
- 3.8 The resultant action plan identified a number of key improvement activities surrounding the following:
  - Better information and assistance at the front doors into Adult Services to minimise those people requiring access to long-term services.
  - Better and more consistent decision making before referring people to long-term care. This included the reinstatement of a weekly panel and clear decision-making channels for amendments to packages of care.
  - A robust review function both 6-weeks after a package begins and at least on an annual basis to ensure that packages of care are right-sized and people are not over/under supported.
  - A complete review of the brokerage consideration list to ensure only those needing care are waiting.
- 3.9 This action plan is being regularly monitored by a core project team, to ensure that progress is being made. Key indicators of success will be an overall reduction in the number of domiciliary care hours provided, a reduction in instances where our internal service needs to 'bridge' packages of care for those people waiting in hospital and a linked increase in capacity within the reablement service, and an overall reduction in delayed transfers of care.
- 3.10 Aligned to this work is the outcome of the Domiciliary Care Commissioning Review and the subsequent procurement process, particularly the focus on patch-based commissioning which should allow for better use of capacity in the market, as well as the wider implementation of the Intermediate Tier model particularly surrounding developments to the Common Access Point.

## **4 Occupational Therapy Review**

- 4.1 At the time of moving into the Hubs, the Occupational Therapist resource was divided up against the 3 geographical areas, and there was an expectation that all staff would be responsible for all elements of the work.
- 4.2 In reality, this meant that inevitably crisis work dominated and planned long-term work was de-prioritised. Due to the critical input of Occupational Therapists within the Disabled Facilities Grant (DFG) process, concerns were raised on the impact that this was having on DFG performance and timeliness of processing of DFG applications.
- 4.3 A complete review was undertaken and it was decided that the Occupational Therapy service needed to be brought back together as a County wide service and three new teams created, one to focus on Rapid Response, one to focus on Reablement and one to focus on planned work included DFGs. The restructure was implemented in the summer of 2017, but initial feedback has demonstrated that this change in approach is allowing us to prioritise all workstreams effectively.
- 4.4 Progress will continue to be reviewed.

## **5 Residential Care Test and Challenge**

- 5.1 In a similar way to decision-making surrounding domiciliary care, the integration of the Hubs allowed for decision-making surrounding funded residential and nursing care to be delegated to more junior staff.
- 5.2 Whilst this was positive, in terms of quick decisions for people, the performance figures demonstrated that the number of people supported was not going in the direction that had been anticipated as part of the Western Bay optimum model for Intermediate Tier services.
- 5.3 The overall number of funded placements had plateaued at about 900 per year. In addition, emergency placements appeared to be used frequently by social workers. This became a critical issue in April 2016 following the introduction of the Social Services and Wellbeing (Wales) Act and the changes to charging arrangements. These changes meant that short-term placements were capped at a maximum means tested charge of up to £70 per week whereas previously Local Authorities had been able to charge full residential care charges.
- 5.4 It was therefore agreed that Panel arrangements would be introduced to approve all new admissions into funded residential and nursing care. The Panel was put in place in late 2016.
- 5.5 The Panel itself has not as of yet led to an overall reduction in funded residential and nursing placements, but emergency placements are

now only agreed for a maximum of 2 weeks, at which point the Social Worker has to come back to Panel with either a long-term plan or clear reasons for an extension.

- 5.6 The Panel has also allowed for greater challenge surrounding health funding into cases and whether placements have been considered either for Continuing Healthcare or Funded Nursing Care.
- 5.7 Progress will continue to be monitored, and now the arrangements are bedded in, it is anticipated that a reduction will be seen in the overall number of placements funded.

## **6 Integrated long-term care team development**

- 6.1 Under the Social Services and Wellbeing (Wales) Act, there is a statutory requirement for pooled funds between Local Authorities and Health Boards to be created surrounding care homes by April 2018.
- 6.2 The requirement is to create a pooled fund on a regional footprint co-terminus with the Health Board footprint.
- 6.3 This work is currently being progressed by the Western Bay programme, and a regional project manager has been appointed. An external company is also being appointed to determine what financial contribution each partner should put into the pooled fund.
- 6.4 As part of these arrangements, agencies will need to consider whether the care management role is also brought together, as currently this is separately managed in the Local Authority and the Health Board.

## **7 Older People Continuing Health Care process review**

- 7.1 As part of the performance monitoring of the Western Bay Intermediate Care Model, it has become apparent that despite increasing demographic pressures the number of people eligible for Continuing Healthcare support has significantly decreased over recent years.
- 7.2 The consequence of this is that those who might have historically been eligible for Continuing Healthcare support, are now Local Authority funded. From a service user perspective, healthcare is free at the point of access, whereas Local Authority funded services are chargeable, albeit to means tested levels.
- 7.3 Adult Services has consequently reviewed its processes in relation to how we challenge whether an individual has a primary healthcare need to ensure that those eligible for support do receive it.
- 7.4 Robust challenge is now being applied to all identified cases, and mechanisms to track progress are being developed. If necessary,

cases are going through the agreed dispute process between the Local Authority and the Health Board.

## **8 Mental Health and Learning Disability Continuing Healthcare process review**

- 8.1 In a very similar way to Older People, the number of people with a Learning Disability or Mental Health Concerns in receipt of Continuing Healthcare has significantly decreased over recent years.
- 8.2 Adult Services has therefore identified a number of cases, where we are clear that there is a primary health need and are challenging the Health Board surrounding this.
- 8.3 Cases are being escalated via the agreed disputes process if necessary.

## **9 Mental Health and Learning Disabilities Right Sizing and Review**

- 9.1 Under the Western Bay Contracting and Procurement project, a methodology was adopted by the 3 Local Authorities and the Health Board to ensure that all relevant Mental Health and Learning Disabilities packages of care were right sized to ensure that people were not over/under supported and that the best price was negotiated with providers.
- 9.2 The City and County of Swansea has adopted this approach and is now undertaking a systematic review of each and every package of care to ensure that they are appropriately right sized.
- 9.3 This work is critical to the overall management of demand and Savings Strategy for Adult Services.
- 9.4 Progress is monitored by the Principal Officer for Mental Health and Learning Disabilities and the overall Contracting and Procurement Project Board.

## **10 Child and Family/Adult Services Transition Process Review**

- 10.1 A key area of demand for Adult Services is the transition particularly of people with Learning Disabilities from Child and Family services to Adult Services.
- 10.2 Due to better and earlier diagnosis, the numbers of people coming through has increased significantly over recent years.
- 10.3 The framework surrounding Continuing Healthcare is also different for children and adults, so often children will not receive health funding, but may be eligible as an Adult.

- 10.4 The Principal Officer for Mental Health and Learning Disabilities has put regular liaison meetings in place with Child and Family to identify transition cases early and track progress to ensure that adequate preparations are made for transition and opportunities to secure Continuing Healthcare funding are taken wherever possible.
- 10.5 Longer term, Adult Services will be working with Child and Family Services to see whether there is merit in creating a joint team, and also expanding its function to cover Physical Disabilities and Mental Health.

## **11 Deprivation of Liberty Safeguards (DoLS)**

- 11.1 Whilst this workstream sits under a different part of the Transformation Plan, managing demand in relation to DoLS has been a significant issue for the City and County of Swansea since the Cheshire West judgement.
- 11.2 At the time of the Cheshire West judgement, the City and County of Swansea received in the region of 50 applications per year. The Local Authority now receives in the regional of 1,200 applications annually.
- 11.3 Welsh Government has provided a modest resource to help manage the additional demand of in the region of £33K per year. This is clearly insufficient to manage the additional demand created.
- 11.4 The City and County of Swansea has endeavoured to manage the workload through existing resources and training all of its social work resource to be Best Interest Assessors. However, despite concerted efforts from all concerned, the Local Authority has consistently not been able to keep pace with demand.
- 11.5 There is significant both financial and human risk in terms of not meeting demand, as every application that breaches the statutory timescales can be subject to legal challenge and potential fines of up to £200K per case, and people are unlawfully deprived of their liberty if an application is pending approval outside of the statutory timescales.
- 11.6 A paper was consequently taken to the Corporate Management Team in June 2017, proposing to create a dedicated team to manage the process. The Corporate Management Team agreed the proposal and the team is in the process of being recruited to. It is envisaged that the team will be in place in early 2018, and at that point progress will be made in managing demand effectively.

## **12 Financial Implications**

- 12.1 All of the above demand management workstreams are critical to helping Adult Services manage its resources effectively and meet the savings corporately identified.

### **13 Legal implications**

- 13.1 All of the above demand management workstreams must be delivered in line with relevant legislation including the Social Services and Wellbeing (Wales) Act.

### **14 Equality and Engagement Implications**

- 14.1 All of the above demand management activities must be undertaken in line with the Equalities Act and relevant EIA screening and EIAs undertaken where applicable.

### **15 Appendices**

- None

### **16 Background Papers**

- None