



Nottingham
City Council

NOTTINGHAM CITY COUNCIL
SOCIAL CARE DIGITAL
INNOVATION PROGRAMME
FUNDED BY NHS DIGITAL

INTRODUCTION

Nottingham City Council is implementing a new Outcome Based Care Support and Enablement (CSE) service for citizens with disabilities and / or complex needs, including learning disabilities (LD) - CSE is care and support delivered in a citizen's home or in the community with a strong outcomes focus. This aims to promote independence, enabling citizens to develop new skills to help maintain a settled place within the community.

Historically support for adults with LD has been met by providing an agreed number of hours to work with and support the user e.g. to go shopping. However there were no outcomes linked to this provision and on a regular basis Providers would seek additional levels of support for the citizen, adding to the cost of provision, or there would be no timescales for the user to achieve the outcomes.

The new model for delivering CSE support has a focus on citizens maximising their independence through the achievement of outcomes, enabling them to live their life of choice fully. This new model is set by a new provider framework and service specification.

NOTTINGHAM NEEDS A SUSTAINABLE SOCIAL CARE SYSTEM TO HELP PEOPLE LIVE BETTER LIVES.

Despite a growth in demand for health and social care services, funding to councils from Government has fallen significantly in recent years and so maximising the effectiveness of the money we spend is more important than ever.

To be sustainable we need to be:

- Supporting people to do what they can for themselves
- Helping friends and families to provide the best possible support for each other
- Providing connections to others who can help from within Nottingham's caring communities.

Where people do need more support, that support will promote wellness and maximise independence. Our adult social care strategy sets out how we will better support adults in Nottingham, which reflects our ambition for Nottingham to be one of the best cities for adults in need of support to live well.

Councillor Sam Webster

Portfolio holder for Adult Social Care and Health



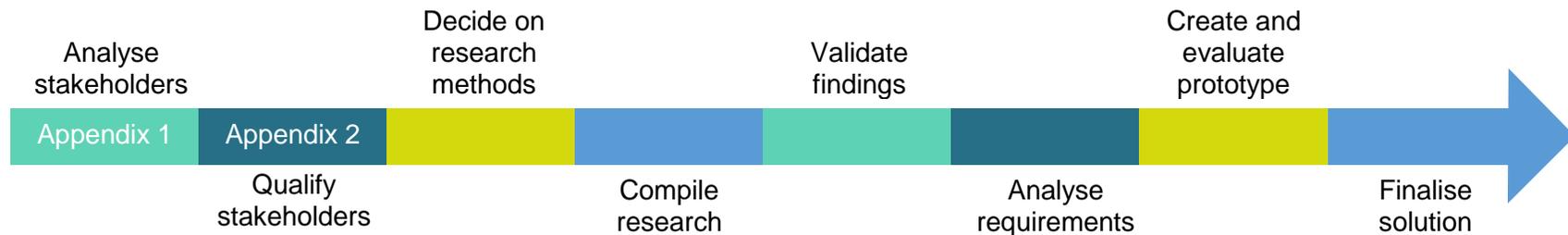
THE PROBLEM

Our original problem was:

- How to achieve the required behaviour change needed to see an outcomes-based approach to CSE which achieves improved independence? This change is between citizens, provider staff and provider organisations who may have previously been working under a more 'static' model. The new contract will not create the outcomes without change in behaviour.
- How to capture the outcomes-based work that our CSE providers undertake with citizens, so that reviews and contract monitoring can be driven by citizen and provider evidence over time rather than a 'snapshot'?



RESEARCH PLAN





FOCUS GROUP - CITIZENS

Although our citizens would not be users of the commissioning/reporting system itself, we felt it was important to focus on them first as they would be the ultimate beneficiaries of this project.

Our objective was to find out whether Citizens valued an outcome-based process and if so, what Outcomes were most important to them.

We chose to use a focus group named SPLAT to gain this insight. Requirement gathering is challenging in any environment and engaging with adults with learning difficulties presented additional considerations.

- There are a wide range of capacity levels.
- How do we gain tacit understanding when speech may be difficult?
- How do we get across the purpose of what we are doing?
- How do we elicit requirements?

Thankfully we were assisted by the leader of SPLAT, Ken Holland, whose help was fundamental in gaining understanding in what was important to our citizens.

WHAT GOOD SERVICES DO

We agreed a set of outcomes that happen for people in good services and can be used to check other services.

- People understand what's important to me now, what was important in my past and my choices for the future
- The support I need to do the things I want to do - when I need it, how I need it
- Money to help me do the things that are important to me
- The chance to make choices and people to explain and support
- Work, volunteering, feeling valued ^{good about yourself}
~~Healthcare to keep me well~~
- Health service who understand my health needs and help me stay healthy and active + feeling good relationships with communities
- Other people that are important to me - family, friends, boyfriend/girlfriend ^{stuff}
- Feeling safe

ESTABLISHING OUTCOMES

We found that citizens value outcomes and it is extremely important for them to have a choice. They want a service that understands their need and support them to do the things they want to do.

Using a basic form of Nominal Group Technique, we specifically outlined the following 8 outcomes:

1. Respecting and Understanding
2. Support
3. Money
4. Choice
5. Work, Volunteering and Feeling Good
6. Health
7. Other People
8. Feeling Safe

Advantages	Disadvantages
Facilitates broad view of opinions/concerns	Subjective interpretation
No consensus required	Difficult to ensure leading doesn't take place
	Difficult to ensure full participation



FOCUS GROUP - SERVICE COMMISSIONERS (SOCIAL WORKERS)

As a primary user of the system, it was essential to capture the requirements of Social Workers. They commission the care packages on behalf of Citizens and it was vital to ensure we understood the challenges they faced.

We decided to use a three-step method. First we conducted open Focus Groups at their monthly meetings, we then validated our understanding questionnaires. We used this to develop a prototype solution, which then took back to Social Workers to review.

TEAM MEETINGS

We decided to have an open and relaxed discussion about the implementation of outcomes and commissioning of care packages. The purpose of this was twofold, gain insight on how to direct future research and gain stakeholder engagement from Social Workers.

To do this we set out two flip charts titles: commissioning, outcomes. We handed out post-it notes and asked for concerns, challenges and solutions. We then discussed the each point in a forum.

Our findings are represented below.

COMMISSIONING

- Process is too time consuming - days are regularly spent ringing around
- It's difficult to know provider availability and the services they offer

OUTCOMES

- Difficult to measure success of outcomes
- Difficult to measure progress and activity
- Providers don't understand outcomes

Service to be very specific of goals to be achieved + a timescale of progress with clearly measurable outcomes

Provider Feedback Section is lengthy which means we have to give lengthy closing dates.

Honesty of outcomes - will providers respond correctly, especially for people whose outcomes are small will we then review it

Can YP under 18 sign up into some adult Day Support services

Can we write a review on the app of success stories

Stop providers viewing a trip to McDonalds as an outcome.

Providers not keeping us updated re children care hours.

Allow different providers for different outcomes

Measuring Progress through a ticklist / comments section that workers can monitor

Extra day care activities in school holidays for providers to pick up

The Agency must respond to your request. You will have to rely on their response and willingness to assist.

Difficult to monitor activity and whether outcomes are being met.

Time Consuming / Not specific To The Individual / and or service.

Outcome Provider's staff not being a friend not a support worker who knows they have to achieve outcome

Accessible exercise (talking about other and options for people with Postural disability)

Providers don't provide the outcomes people want

Capacity of Provider
- SET TOWN AROUND OF PACKAGE (TIME)
- FEASIBLE WORK OF CURRENT PROVIDERS & NEW PROVIDERS
- HOW DO WE MEASURE OUTCOME

Providers need to be specific in what they provide;

Some Providers need upon leading on our expectations of them.

Example such as the Care Bureau process rather than browsing through the providers - Time Wasting

• not knowing providers availability
• very time consuming
• Provider selection advice

Phoning around for providers wastes time consuming!

Biggest waiting list in 22 years

Expression of interest period.

When should it be CSE or Path way?

After finding out! Looking for encouragement lack of progression model. Knowing what each one can provide & cross over between adults & childrens packages eg Parenting support.

Overly rely on providers currently who will communicate easily with us which has meant not using other agencies that may provide a better service.

WILL THIS BE SUITABLE FOR COMMISSIONED SERVICES OR INCLUDE SERVICES PAID THROUGH DIRECT PAYMENTS?

QUESTIONNAIRE

(VALIDATING INITIAL FINDINGS)

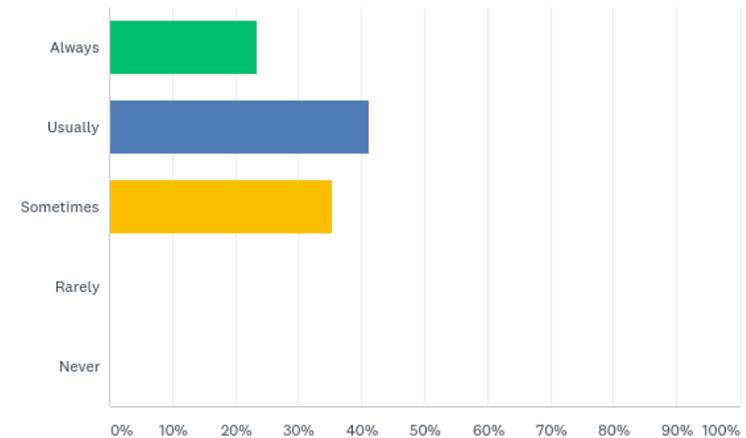
We sent out a questionnaire to all social workers. The purpose of this was to ensure we had captured what was truly important in step one. We decided to anonymise answers. The reason for this was to allow an open forum for the social workers to answer. We felt that these may give them the chance to say things they may not have said in front of managers.

Advantages	Disadvantages
Had capacity to reach a large audience	It was difficult to encourage responses
Gave respondents opportunity to answer openly	Presented some different views to the focus groups

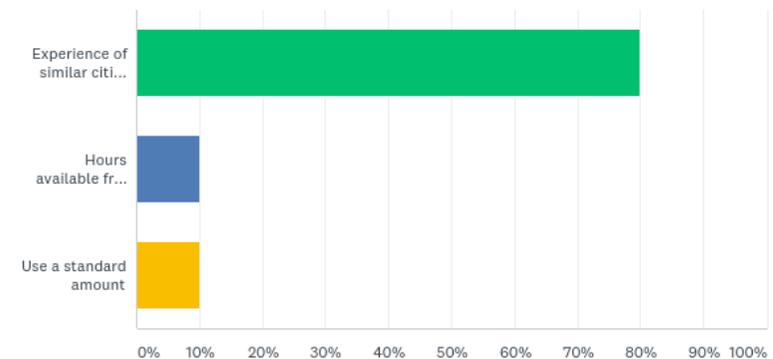
QUESTIONS

1. Do you set goals?
2. How do you decide on hours needed?
3. How do the hours you provision vary?
4. What criteria do you use to decide on a provider?
5. How much time do you spend contacting providers when commissioning packages?
6. How do you review goals?
7. What are the barriers preventing you from using an outcome based approach?
8. How can we improve the process?

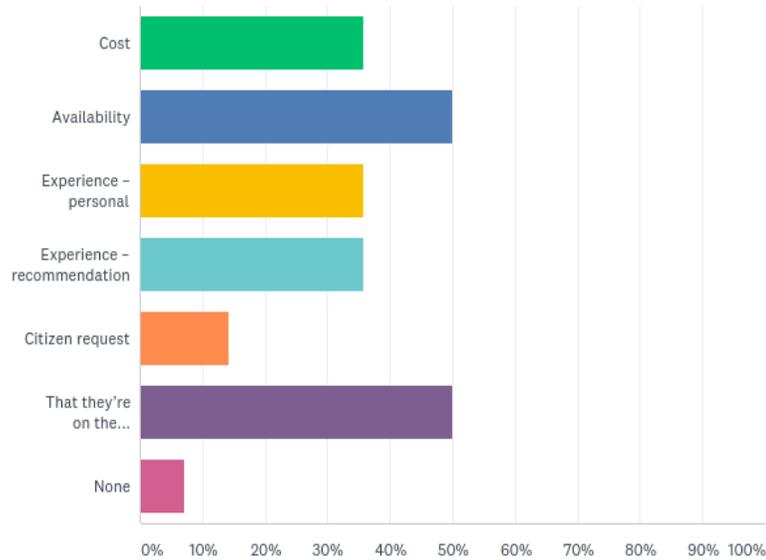
Q1: DO YOU SET GOALS?



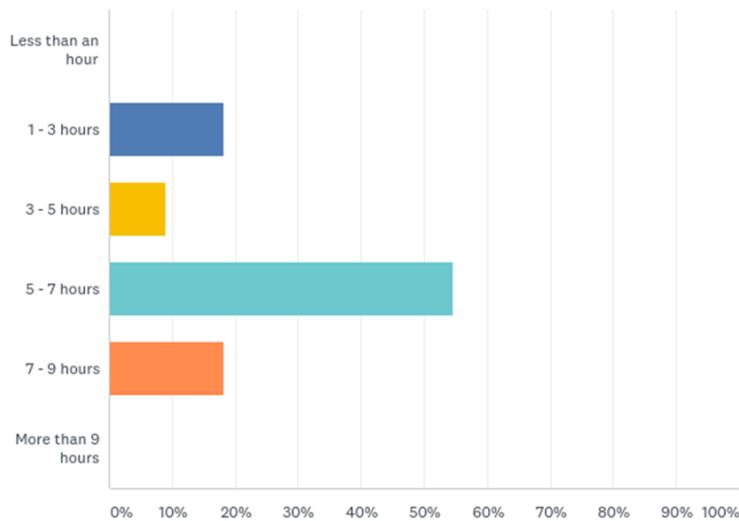
Q2: HOW DO YOU DECIDE ON HOURS NEEDED



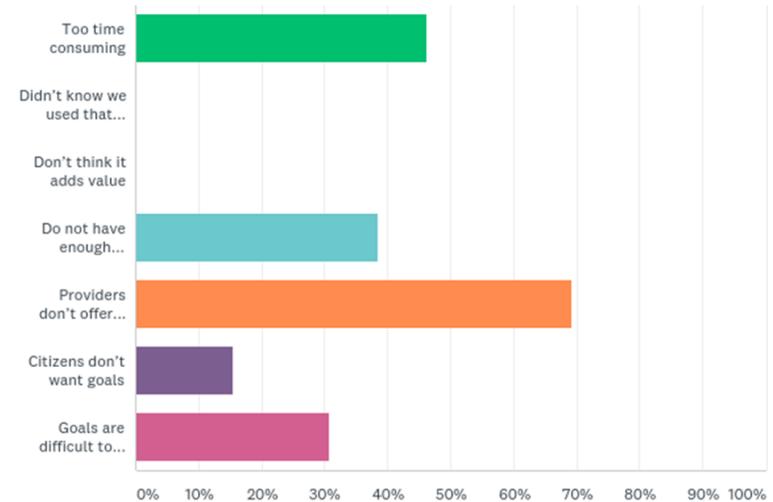
Q4: WHAT CRITERIA DO YOU USE TO DECIDE ON A PROVIDER?



Q5: 5. HOW MUCH TIME DO YOU SPEND CONTACTING PROVIDERS WHEN COMMISSIONING PACKAGES?



Q7: WHAT ARE THE BARRIERS PREVENTING YOU FROM USING AN OUTCOME BASED APPROACH?



Q8: HOW CAN WE IMPROVE THE PROCESS?

- Set form with goals on and time frame and then make this highlighted to the new worker when it is time to review. Process and power if provider is not achieved expected outcome - if they are unable to give sufficient justification of why the outcome hasn't been met.
- Setting goals is embedded in the assessment process. That the person is regularly review to ensure that goals are being met.
- Detail the needs of the citizens by providing specifics on their needs. Educate the citizens about outcome based approach, get feedback from citizens and monitor the providers logs on the times provided for activities - work in a more multidisciplinary way to set goals and obtain the outcome as intended with the citizens and professionals involved to provide the activities. Monitor, review and evaluate the process.
- All providers to have a CSE contract, and employees trained in enabling citizen's by setting goals. Initially more time may be needed.
- Any new paperwork to be minimal in content to allow ease of recording and reviewing outcomes
- Peer support groups/discussions
- ALL providers knowing that they have outcomes and be accountable for this.
- Further training with providers to be outcome focused therefore enabling the citizen

PROTOTYPING

Once all requirements were gathered, they were prioritised. We then created flow diagrams and use cases for the various system components.

Although we had taken two sweeps at gathering the requirements it was still vital to ensure parity between our view and that of the system user. We therefore created a system mock-up which we took to the next set of monthly meetings.

The mock-up allowed us to test usability and fitness for purpose. It helped us discover errors and issues that had not been considered. A number of modifications were made throughout this process and we now believe we have a firm, validated understanding of what needs to be built.

Advantages	Disadvantages
Helped clarify understanding of the problem	Difficult to keep on track
Validated requirements gathering methodology	Could potentially have led to unrealistic expectations
Reduced risk of getting it wrong	

Overview page

Overview page

Citizen outcome page



FOCUS GROUP - PROVIDERS

We originally planned to use the same three step approach we used with Social Workers. However, time constraints and the information we received back led to us adapting this. Focus groups (which became interviews) and prototyping.

FOCUS GROUPS – CHANGED TO INTERVIEW

We initially met with our largest providers JRH and Eden. This group took place with all of the project team and some of the members of our commissioning team. In hindsight, this was a bad idea, as the meeting had the feeling of a sales call and participants seemed reluctant to give full disclosure on the challenges they were facing. It is understandable as it is their business which was perceived to be at stake.

The time did offer some value, feedback was gained about the variance of technology used and functional issues which were important to them.

We felt that there was still more insight to be gained from providers around the challenges with adopting an outcome based approach. It was decided to change the elicitation technique to interviews. Ideally, this would have been done with several providers, however, diaries proved difficult to align and in the end it was decided to focus on our largest supplier JRH.

INTERVIEWS

Under structured interview many more problems emerged.

Advantages	Disadvantages
Build rapport	Time consuming
Allow frank discussion	Only provides a subjective viewpoint

FOCUS GROUP

- Allow employee recognition
- Data that can be reported against
- Awareness of local events/activities
- Multi-agency accessible
- Ability to send podcasts
- Does not increase workload
- Does not repeat tasks
- Gives warnings (documents not complete etc.)
- Useable on wide range of technologies
- Interfaces with Liquid Logic
- Information only available whilst needed
- Must not need additional data usage
- Must be compliant with GDPR
- Ability to redact/hide information

INTERVIEWS

- Outcomes are rarely set by Social Workers
- Outcomes which are set are broad and unmeasurable (Travel, Social Inclusion etc.)
- When asked to set outcomes, it could be best in the interest of providers to set easily achievable outcomes so as not to affect their status if outcomes aren't met.
- It is in the best interest of providers to expand on an achieved outcome a deliver added value than discontinue a care package.
- Sometimes work is commissioned without going through a proper expression of interest.
- There is a sense that the responsibility to fulfil the council's strategy to of meeting outcomes has been pushed to provider. Where it should be a shared responsibility.(Appendix)
- There is little training or guidance available.
- Create a provider leader board visible to the general public
- Current approach relies on integrity of care provider to end packages if outcomes have been met.
- Sometimes we are asked to share best practice with other providers and whilst we want the general care service to improve, we are a business. Much of this information is has taken a great deal of creativity and investment to achieve and sometimes the council even shares it without our authorisation.

FINDINGS

GENERAL FINDINGS

1. Across both provider and Council there is an overwhelming desire to do what is best for the citizen.
2. There is disparity between how the citizen, provider and Council view outcomes.
3. There is confusion and disagreement between the Council and providers as to who is responsible for what tasks in the process.
4. Current systems are capable of delivering more than is being utilised.
5. ASC could benefit greatly from guidance and integration on business systems and IT systems.
6. Traditionally services have been commissioned to a specific specification. We are now moving to an outcomes based approach, which requires a different way of working for all stakeholders. The scope of this change and the impacts need to be fully understood to demonstrate better outcomes for the citizen.
7. The positive strategic direction ASC is taking would benefit from greater support from specialists in other areas of the business.
8. Social workers were not confident with IT generally.

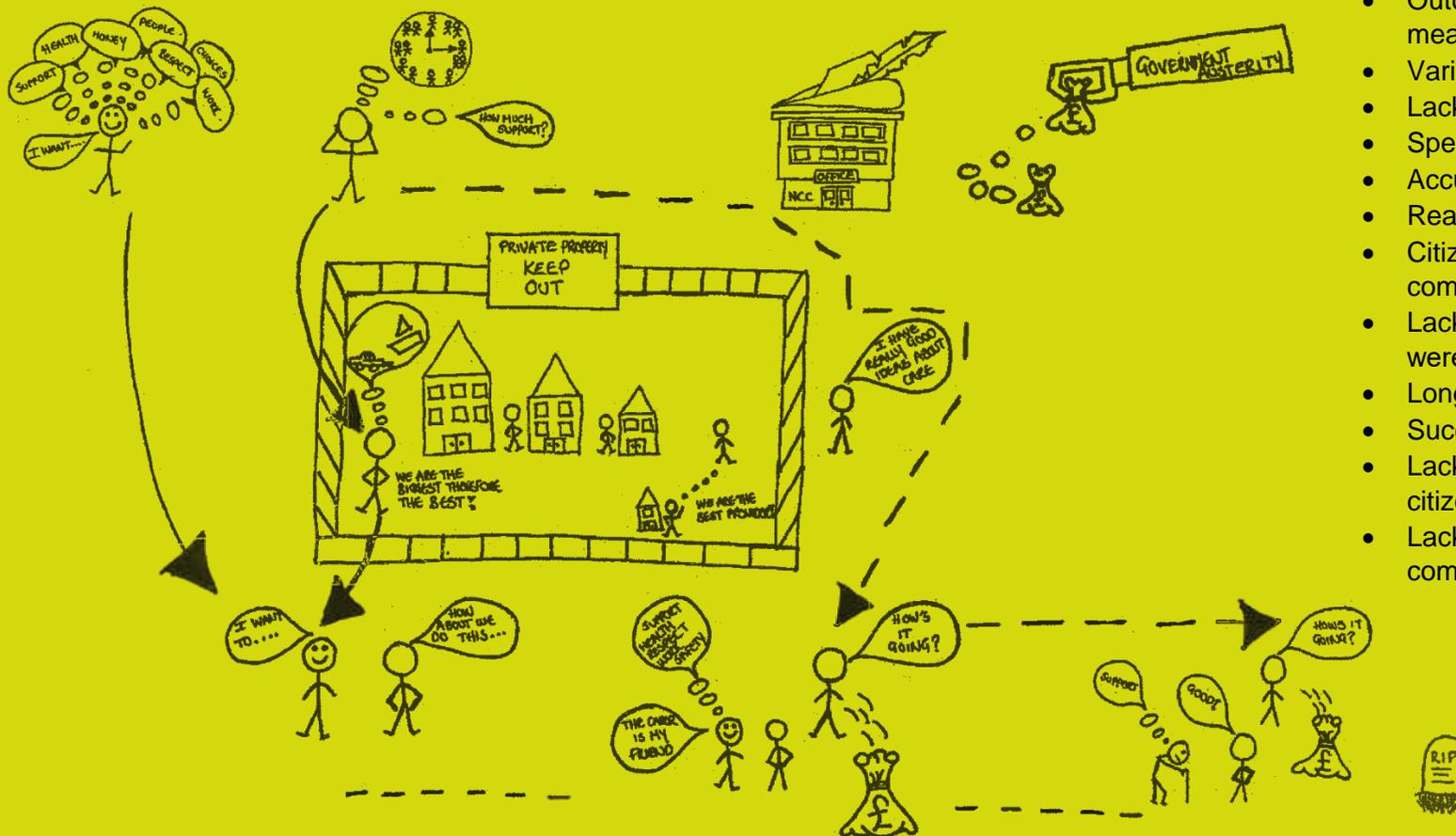
COUNCIL LEADERSHIP

1. Pressure on the social care budget is increasing year on year.
2. The Council is committed to keeping the Citizen at the heart and enabling all citizens to live as independently as possible.
3. Service Transformation (Better Lives, Better Outcomes)

Finding	Source	Impact to Citizen	Impact to Council
Outcomes are rarely set	Social Workers Managers Providers	Citizen does not progress	Council is tied to never-ending care packages
Outcomes do not have success criteria	Social Workers Managers Providers	No way of measuring achievement	Can't measure success of providers Can't close care packages
Providers do not provide outcomes or provide easily achievable outcomes	Social Workers Managers Provider	Citizen does not progress	Council is not receiving the service they want
Providers can be viewed as friends rather than enablers of transformation	Social Workers	Citizen does not progress	Council is paying for 'enablement' care when they could be paying for a participation care for less
Large variance in the setting of hours	Social Workers	Hours may not be suitable for outcome	Hours may not be suitable for outcome
Social Workers often choose the same Providers	Social Workers	Provider may not be the best for the outcome the citizen wants	Value for money Citizen experience
Expression of Interest process is extremely time consuming	Social Workers Providers	Delays to care	Social Workers having to waste time that could be better spent delivering care
Expression of Interest process lacks constraints – meaning providers may apply for packages they can't deliver	Providers	Delays to care	Waste of time and money
Lack of progress and alerts when things aren't going well	Social Workers Providers	Potential harm Poor care	Potentially fail a citizen
Lack of quality business information	General	I	
Citizens don't feel they have a say and choice in their care.	Citizens	Citizen doesn't feel engaged Care provided may not be what they wanted	Citizen is not progressing
There is a great deal of variety in the implementation of digital innovation	Providers		

CURRENT PICTURE

This is a rich picture showing in simple terms our findings.



We highlighted the following areas of concern in our discovery phase:

- Reducing resources
- Load on Social Workers
- Lack of outcomes set
- Confusion around setting of outcomes
- Outcomes which were set were not measurable
- Variance in setting of hours
- Lack of guidance in setting of hours
- Speed of the procurement process.
- Accuracy of the procurement process
- Reasoning behind selection of provider
- Citizens being led to activities rather than completing their desired outcomes
- Lack of alerts to social workers when things weren't going well
- Long care packages without end
- Success criteria not measured
- Lack of reporting on success of providers or citizens
- Lack of business information required to complete continual service improvement

DISCOVERY PHASE REVIEW

BENEFITS FROM DISCOVERY PHASE

We believe implementing digital innovation could lead to the following savings and benefits.

Commissioning

We believe successful implementation of a Commissioning System will generate opportunity cost savings of between £168,770 and £236,279 per annum. This is based off a reduction of between 5hr and 7hrs wasted time per week, spread across 43 social workers with an average salary of £18.69 per hr. Across 52 calendar weeks (with a deduction of 10 weeks for annual leave, sickness and bank holidays). Although this is not a direct saving, the value of time invested in activities other than ringtoning around will generate a non-tangible benefit to the service.

Outcome Care Model

We believe moving to an outcome based model will mean 95% of citizens with a learning disability are enabled to better manage their own care and support needs and as a result will require less assistance from the service (equivalent to a reduction of 10% of their progression outcome individual package of support agreed on entry to the service) following a period of 6 months. Our current costs per annum are £2,797,501. This would therefore amount to a saving of £279,750.

REVIEW OF THE PROCESS

Given current funding restrictions, the grant available to conduct the discovery phase has been extremely valuable. It has allowed us to use experienced internal specialists to look at systems and procedures that normally would not have been exposed to adult social care. This has provided new methods of thinking, insight and expertise on challenges, as well as different approaches and perspectives to achieving the goal of moving to an outcomes based approach.

It would have been extremely difficult to do this without this grant as continual cuts to local government funding have made it difficult to pursue the solutions and savings that are there. As innovation is still speculative and we cannot afford the risk of investing when frontline services are at breaking point.

OBSERVATIONS – CONSIDERATIONS FOR IMPROVEMENT

Time/Date in Calendar Year

Although time is relative to project scope in question, three months was an extremely tight timescale to conduct the research needed. It seemed more appropriate to a concept validation or off the shelf project than a true discovery phase to solution.

I believe an additional three months to formulate a solution would have been beneficial. We had to shift the focus of our discovery phase to a solution-based approach early on to meet the project timescales and although I am proud of what we achieved in the timescale, we would have benefitted greatly from additional time to allow for a thorough evaluation of what we were doing. Running the project over the summer added a great deal of additional pressure to the already tight timescales due to the availability of key contact and groups.

Structure

Having the assessment criteria at the beginning would have benefitted project planning.

Coaching

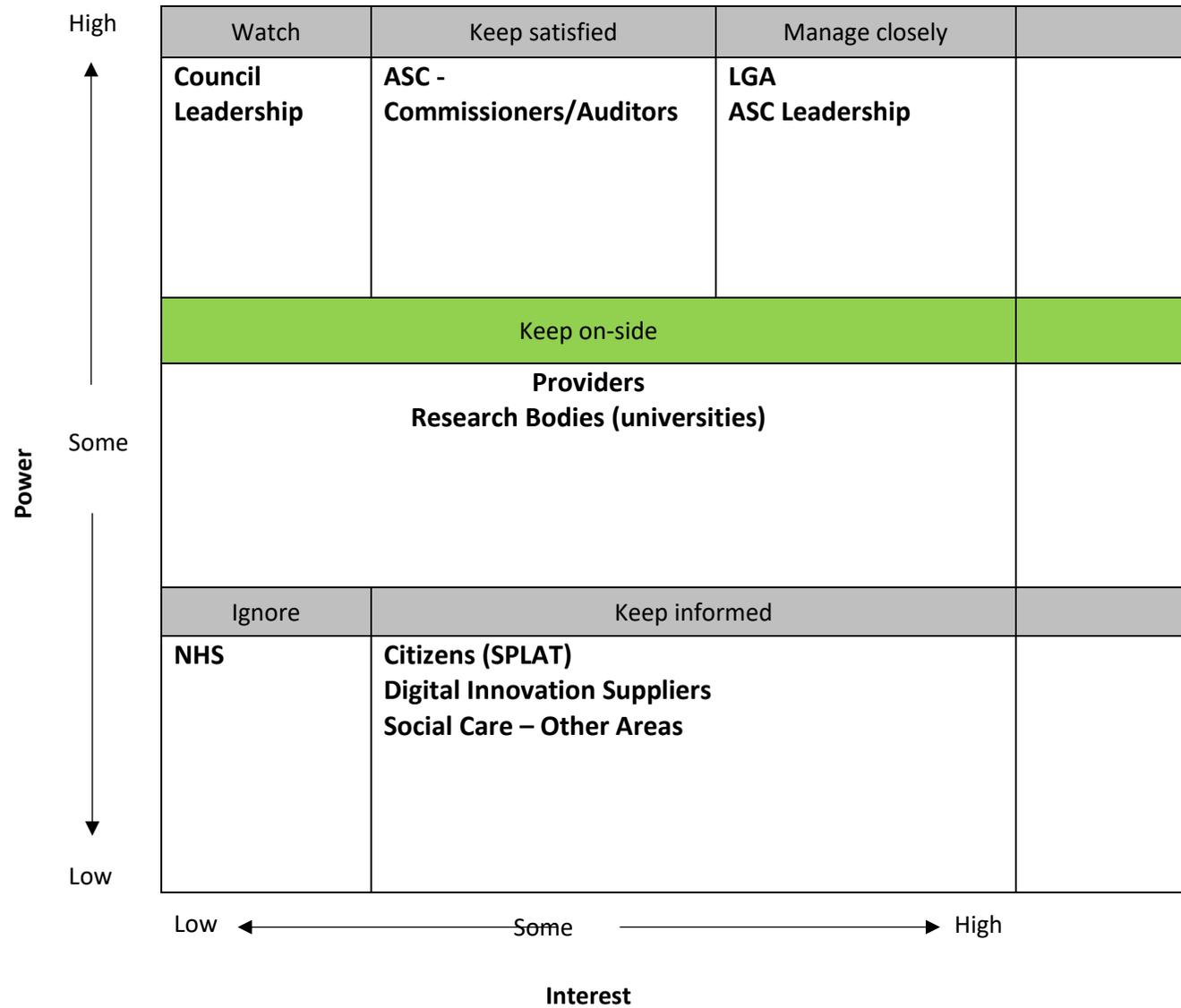
The Bayswater institute offered some extremely valuable information on the peer learning calls. However, I think the benefit would have been greater had it been used for authority specific coaching calls. A couple of thirty minute feedback and coaching sessions would have perhaps been a more valuable resource.

Peer learning calls

The peer learning calls were a great idea in theory, but I do not think they fulfilled their potential in practice. The loudest voices tended to dominate the conversation and there did not seem much appetite to solve problems or move forward. That said, the expert information was valuable as were the update emails. I would therefore propose that key points from coaching calls were summarised and disseminated.

APPENDIX

Stakeholders



Stakeholder	Impact (How much does the project impact them?)	Influence (How much influence do they have over the project?)	Focus (What is important to the stakeholder?)	Contribution (What can the stakeholder contribute to the project?)	Barrier (How could the stakeholder block the project?)	Elicitation REQ (M)Must (S)Should (L) Like	Considerations	Engagement Type	Engaged with
Providers	High	Medium	Generating Income Repeat Business Efficiency of provision	Understanding the problem	Could refuse to use solution			Shadowing, Interviews	✓
Citizen	High	Low	Care that will better their lives	Understanding the outcomes that work best for them.			Capacity	Focus Group (SPLAT)	✓
ASC Managers	High	High	Making best use of shrinking budget. Delivering 'better lives, better outcomes'	Supporting the project's implementation				Interviews Regular workshops	✓
ASC Social Workers	High	Medium	Giving best care to citizen. Having a manageable workload	Using the system	Refuse to implement		Geographically spread and difficult to get together.	Shadow, Questionnaire, Requirement Validation Meetings	✓
Council Leadership	Low	High	Citizen first approach, budgets	Supporting Implementation			Extreme time constraints	Interview	✓
Technology Providers	Low - Medium	Low	Financial gain from	Guidance on what is achievable				Workshops with NCC App development	✓

			delivering technology					team and Health Science Network (at requirement validation stage)	
Social Care (other areas)	Low	Low							✘
Partners	Low	Low							✘
Analysis and Insight	Low	Low						Interviews	✓
IT Application Development Team	Low	Medium						Workshops	✓