

Demand Management Workshop

Supporting Operational Pressures in Commissioning

Commissioned by PCH, delivered by ARCC Consulting

March 2024

Welcome

1. Please leave your name and council in the chat 👍
2. Please post questions / thoughts in the chat
3. Slides will be shared after the session

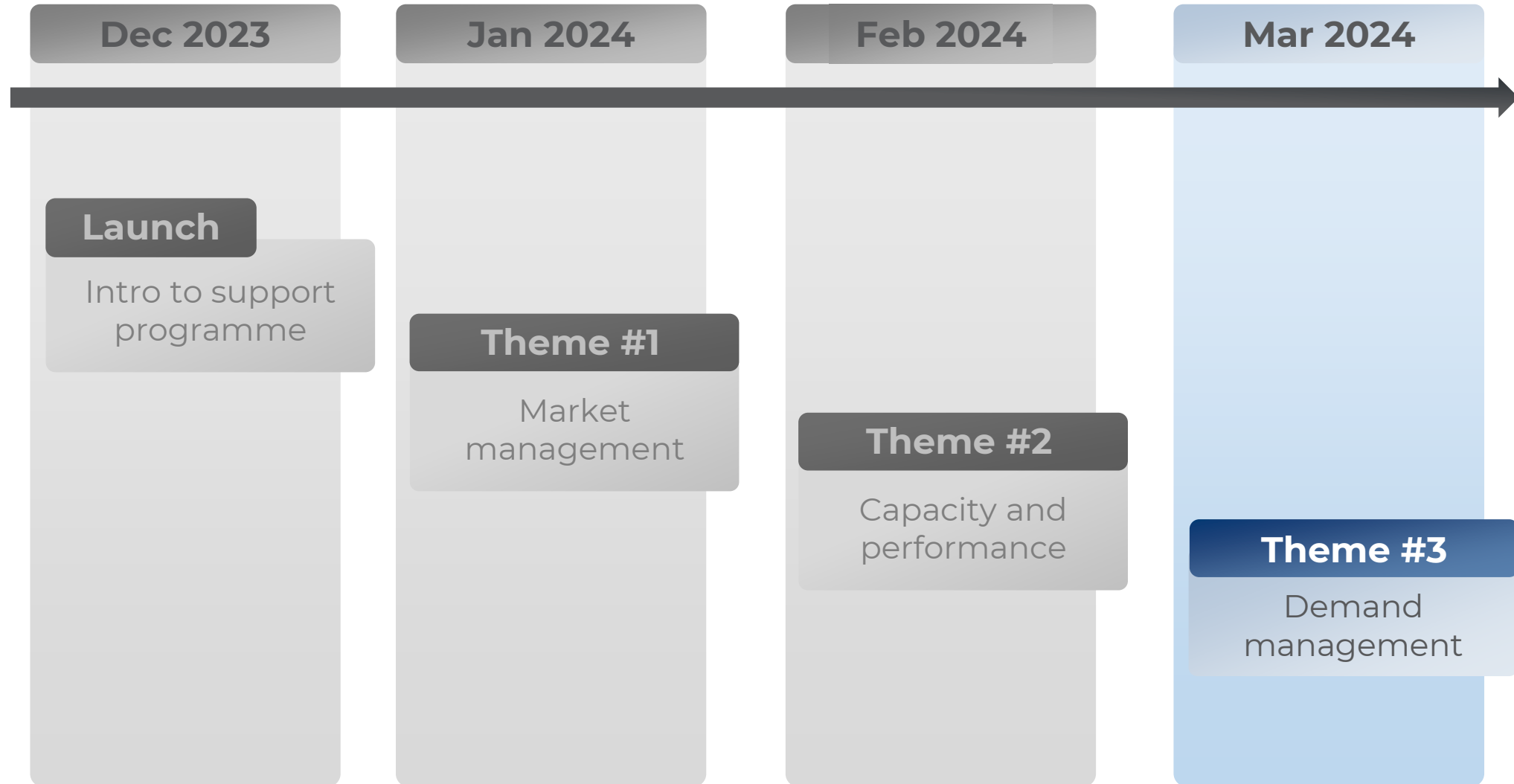




Session 3

Demand Management

Timeline



Previous sessions recap...

1. Market risks and intelligence
2. Relationship management
3. Market opportunities

Understanding and dealing with the external market as it is now...

4. Analysing capacity & demand
5. Risks and opportunities in service structures, staffing levels and early intervention

Theme 3 Demand Management

- 1. The Customer Journey:** exploring pre-front door demand and identifying opportunities to prevent/intervene/deflect/stabilise.
- 2. Understanding the Root Cause of Demand:** a look at the life course dashboard, and what know about the reasons why people present to the “front door”.
- 3. Examples of interventions:** Salford’s Health Improvement Service, community capacity building in Somerset and the national community of practice.

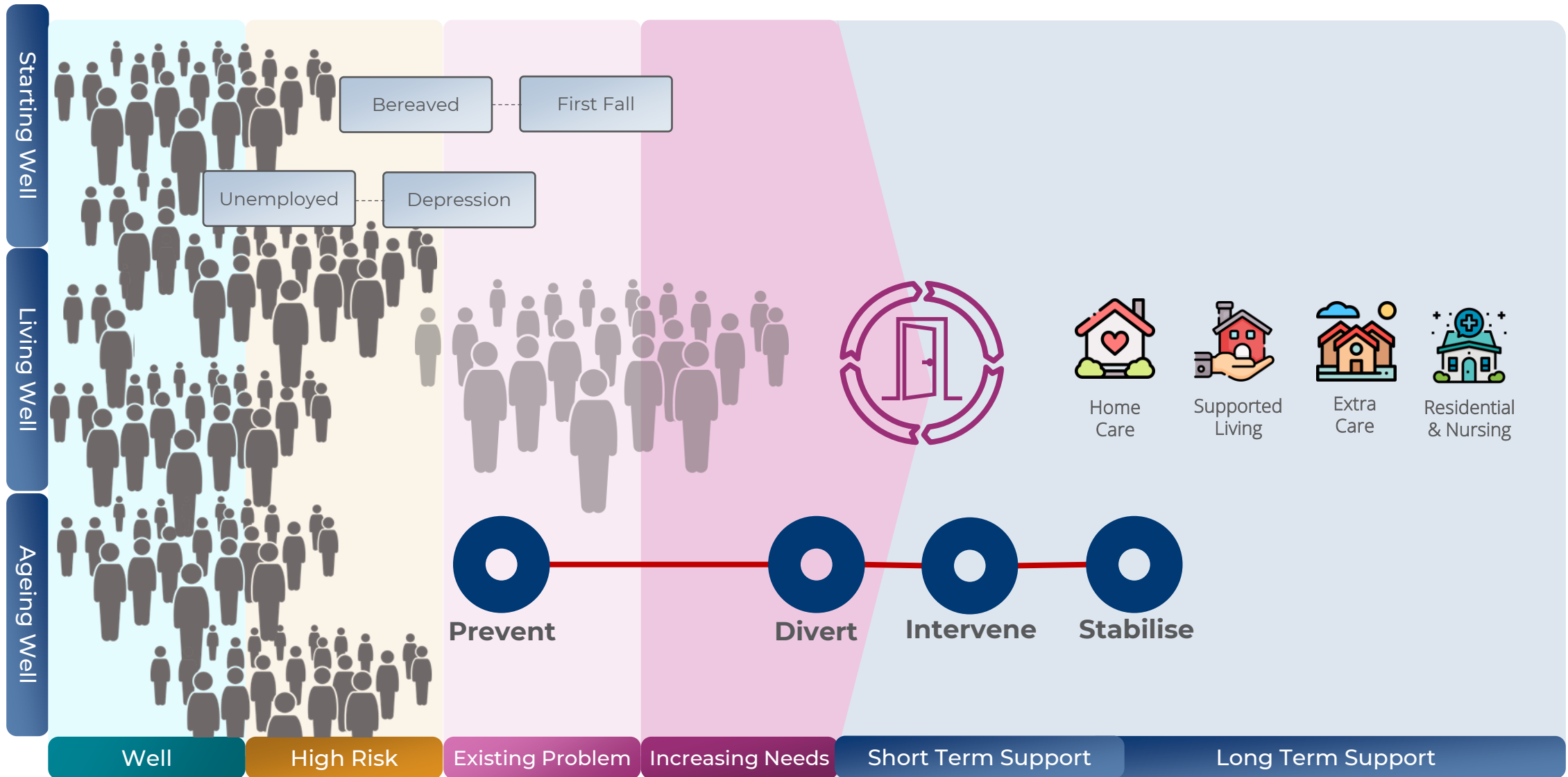


Demand management is....

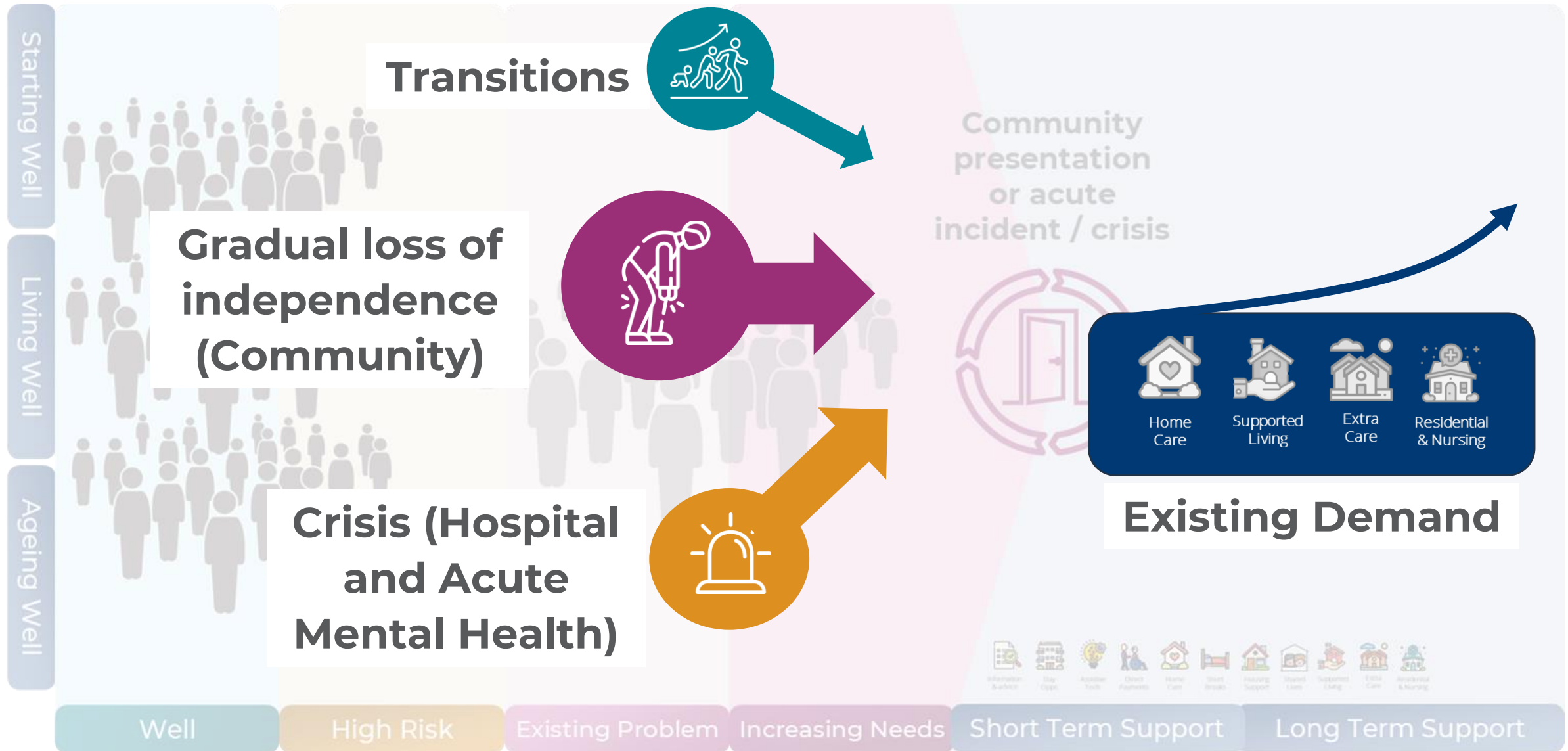
*By changing the nature of the council's role and relationship with customers, local authorities are seeking **alternative mechanisms to meet customer needs** and thereby better manage demand. **Changing behaviours** of frontline practitioners, managers and customers often features as a critical enabler of demand management.*

1. The Customer Journey and Context of Demand

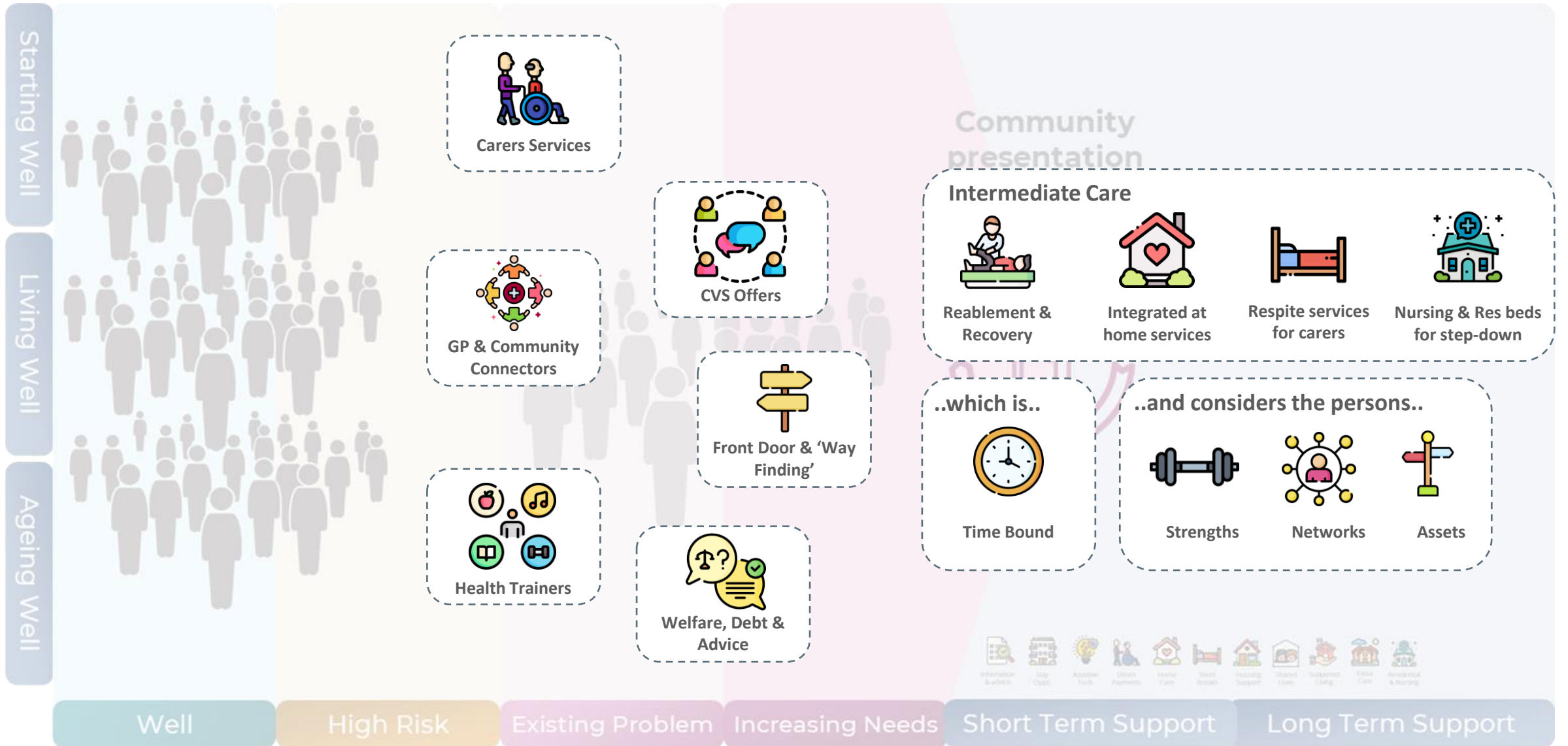
Understanding the flow of demand



Types of demand we experience



Typical demand management services



2 Root Cause Analysis of Demand

What does our data tell us



Transitions



Community



Crisis

The data and intelligence we have and what it tell us.

- Who?
- When?
- What (needs)?
- What are the presenting needs? Contributing factors?
- % who receive a full social work assessment?
- % repeated contacts. Do we have a 'revolving front door' and why?
- Timeliness of reviews
- What could be prevented? Why? How?
- Known to social care?
- % of discharges which require social care intervention? Reasons?
- % lead to long term care? Reasons?
- Timeliness of reviews

A Life Course Dashboard



What is available?
What does it tell us?

Discussion

- What do we know about the reasons why people present?
- To what extent is demand from acute driving the approach to demand management?
- Do we have a clear demand management offer across the customer journey?
- Do we have the workforce, skills and competencies to deliver effective demand management?

3. Examples of Interventions

Health
Improvement
Connect

Health Improvement Service

Angela Eden
Principle Manager

March 2024

What we do

Health
Improvement
Connect

- Salford Health Improvement Service
- Universal service funded through Public Health, internal to Salford City Council
- Provides health and wellbeing services in the community
- Neighbourhood based model, embracing community development principles
- HIS to provide a one to one strengths based assessment and identify and resolve any barriers they are facing to their health, wellbeing and independence.
- Based within Adults Service at council work closely with Housing, WRDAS, Salford Assist

Supporting Rapid Hospital Discharge

Salford City Council

Health
Improvement
Connect

- Multidisciplinary teams based at NCA to speed-up and unblock patient discharge
- HIS Officer based within Homefirst Hub during pandemic
- Strengths based assessments, embed principles of Community Led Support, around 500 per year
- non-clinical, but practical, social or economic barriers to moving home
- Emergency financial assistance, food, energy, clothing, bedding, basic equipment, make sure accommodation is in a suitable state, digital inclusion, linked into community groups, signposting and referral, completing forms, home visits to settle in.
- NDTI – National Development Team for Inclusion
<https://www.ndti.org.uk/research-and-evaluation/evaluation/community-led-support-evidence-learning>
- Analysis of a particular case and calculated £16k cost saving



Health
Improvement
Connect

Reducing Pressures on Social Care

HIS Officer based in AHSCCT

AHSCCT initial assessment on telephone - Long wait times for SW assessments

Identify patients who could benefit straight away from Community Led Support

100 clients cases notes of referred to HIS via ASCCT during April-June 23 were reviewed. Of these clients:

- 46 were supported by the HIS worker referring them onwards to other services for further support
- 48 were supported just within the Health Improvement Service through the mainstream offer
- 13 did return to ASCCT for additional care, usually as they had more complex issues or required additional assessments such as an Occupational Therapy Assessment
- Social isolation and loneliness most common reasons for requiring support, followed by financial support, followed by support to access other services/complete forms

We now support up 600 clients per year from AHSCCT

Health Improvement
Connect

Economic Case

- A cost analysis of 20 cases showed that an average of £1,094 per client in referring through to the Health Improvement Service

Two sources used to calculate cost of initial work - My local area (skills for care) and GMCA unit cost database.

Data source	Cost details	Unit cost	Year
My local area (skillsforcare.org.uk)	Local authority sector - Support and outreach	£14.24	2022/23
My local area (skillsforcare.org.uk)	Independent sector - average hourly pay Support and outreach	£10.07	2022/23
GMCA-unit-cost-database	Average hourly cost of home care received from external providers, England	£12.29	2020/21
GMCA-unit-cost-database	Social work assistant - cost per hour	£36	2020/21
GMCA-unit-cost-database	Social worker - adult services: cost per hour	£47	2020/21

Community Capacity Building

Rhys Davies, Service Manager

Community Enterprise and Workforce

Somerset Council

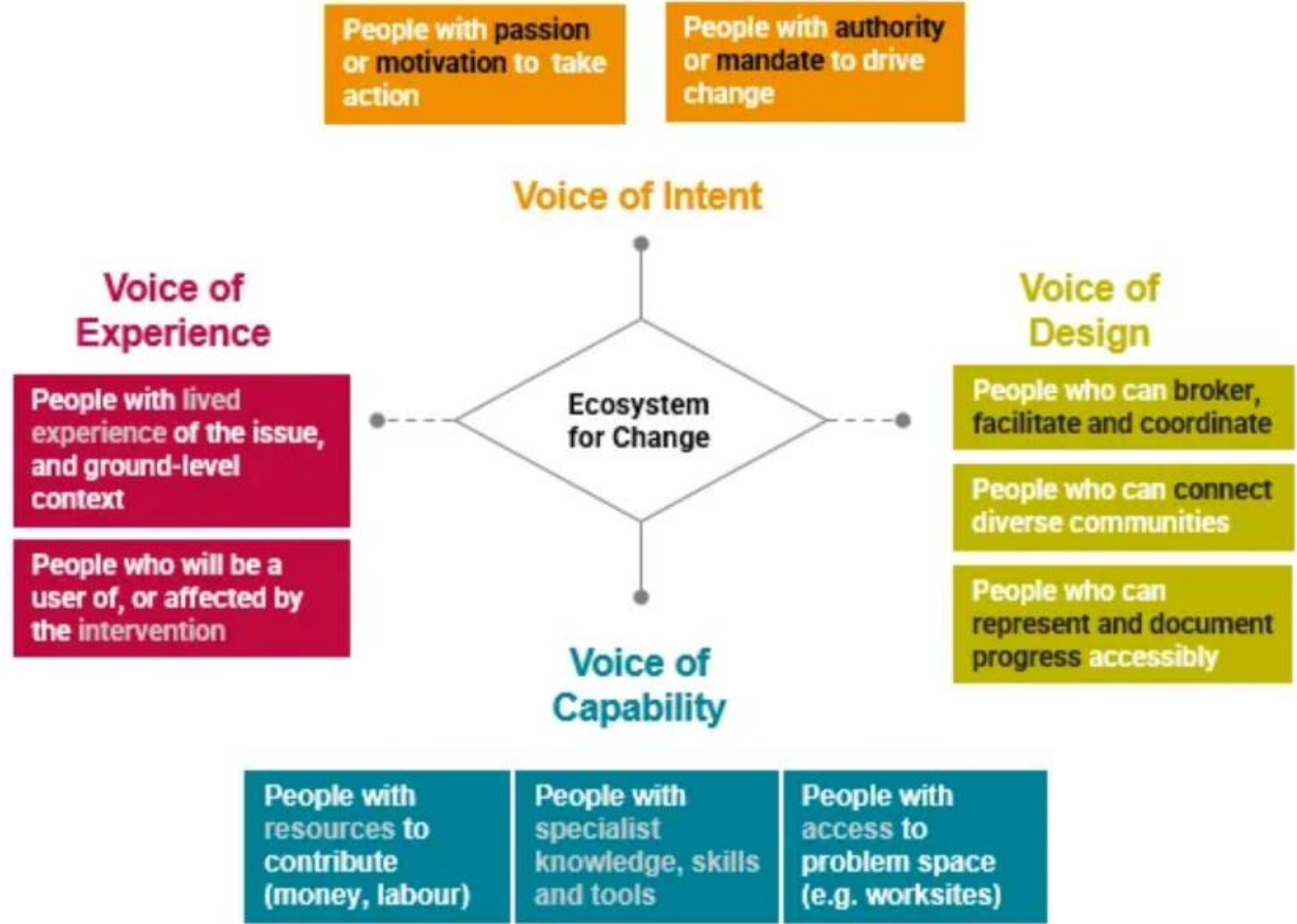


Somerset Council – Micro-enterprise Programme

- Building we took a community development approach to market shaping and capacity building
- Instead of trying to design the solution to capacity challenges, we designed the conditions that enable the emergence of many solutions.
- We did not know what we would get, but we were curious if there were people in Somerset who had ideas for supports or services that could help other local people



Framework for Change



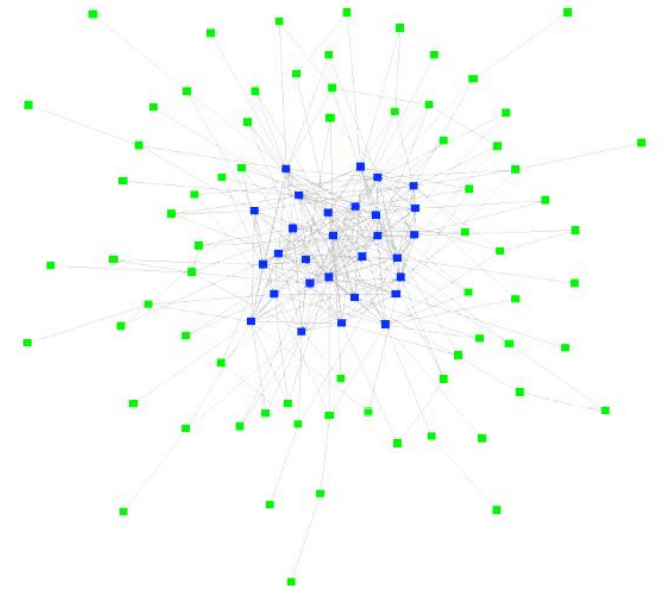
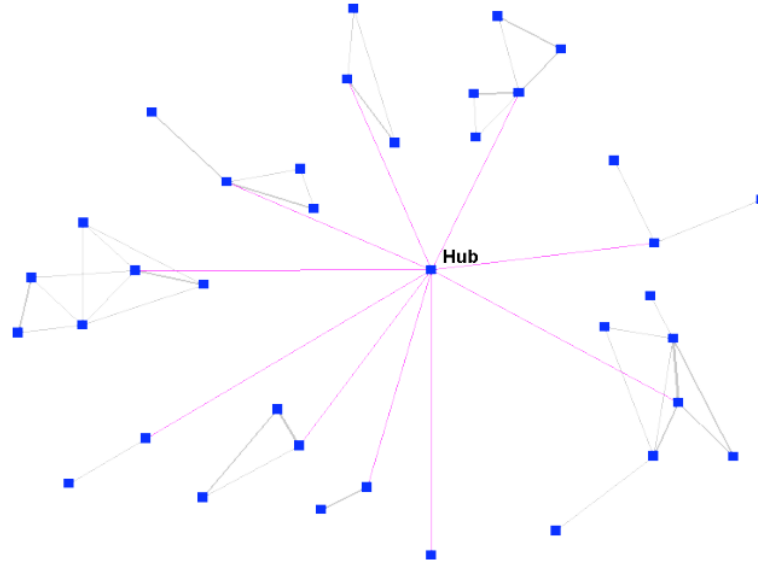
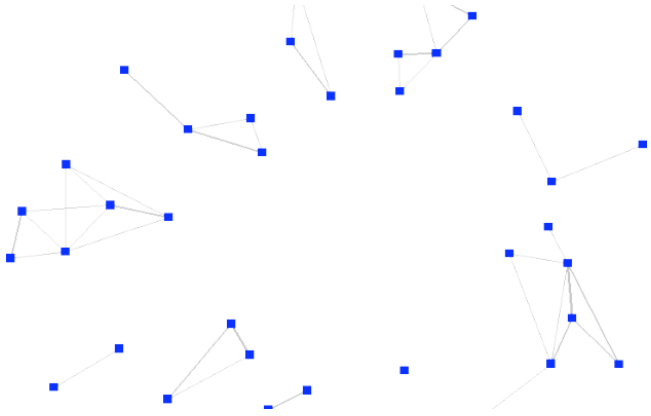
How do we connect people who want to do something, with people who can help them do it, while staying grounded in real-world need and context to ensure it works?

(Extended 4 Voices of Design by ThinkPlace)



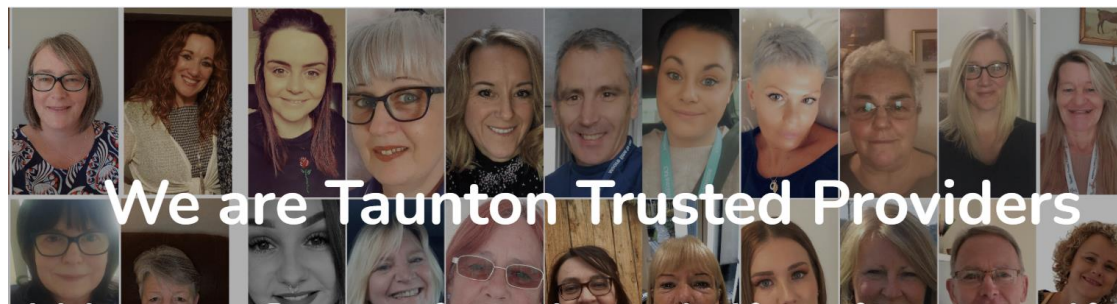


To Know and to Knit



WINCANTON CARES

Connecting people with what they need



We are Taunton Trusted Providers



The Hub is what happens when a group of charities and organisations all work together with one goal in mind

To support the people of Bridgwater

CARY CARES

A charity supporting our community in Castle Cary and Ansford.



Wells Community Network

Working Together Supporting Each Other

Infrastructure Support Offer

- Quality Standard
- Network Development & Support
- Approach to Quality
- Legal & Regulatory Guidance
- Enterprise Development
- Governance Support



Impact

80-100 enquiries a month from people wanting to set up services

1210 Micro-providers offering support at home & in the community

Somerset Micro- Providers

16 Independent local Care Associations

Delivering 30k+ hours per week to over 5k people in Somerset

Outcomes

**119% increase in Direct
Payments**

**2 of 5 people leaving
hospital supported
through community
enterprise**

Somerset Micro- Providers

**73% enquiries returning
to or new to social care**

**Strong Connected
Abundant Communities.
Real Choice / Real
Control = Good Lives**

Developing the Self-Directed Support Marketplace Community of Practice

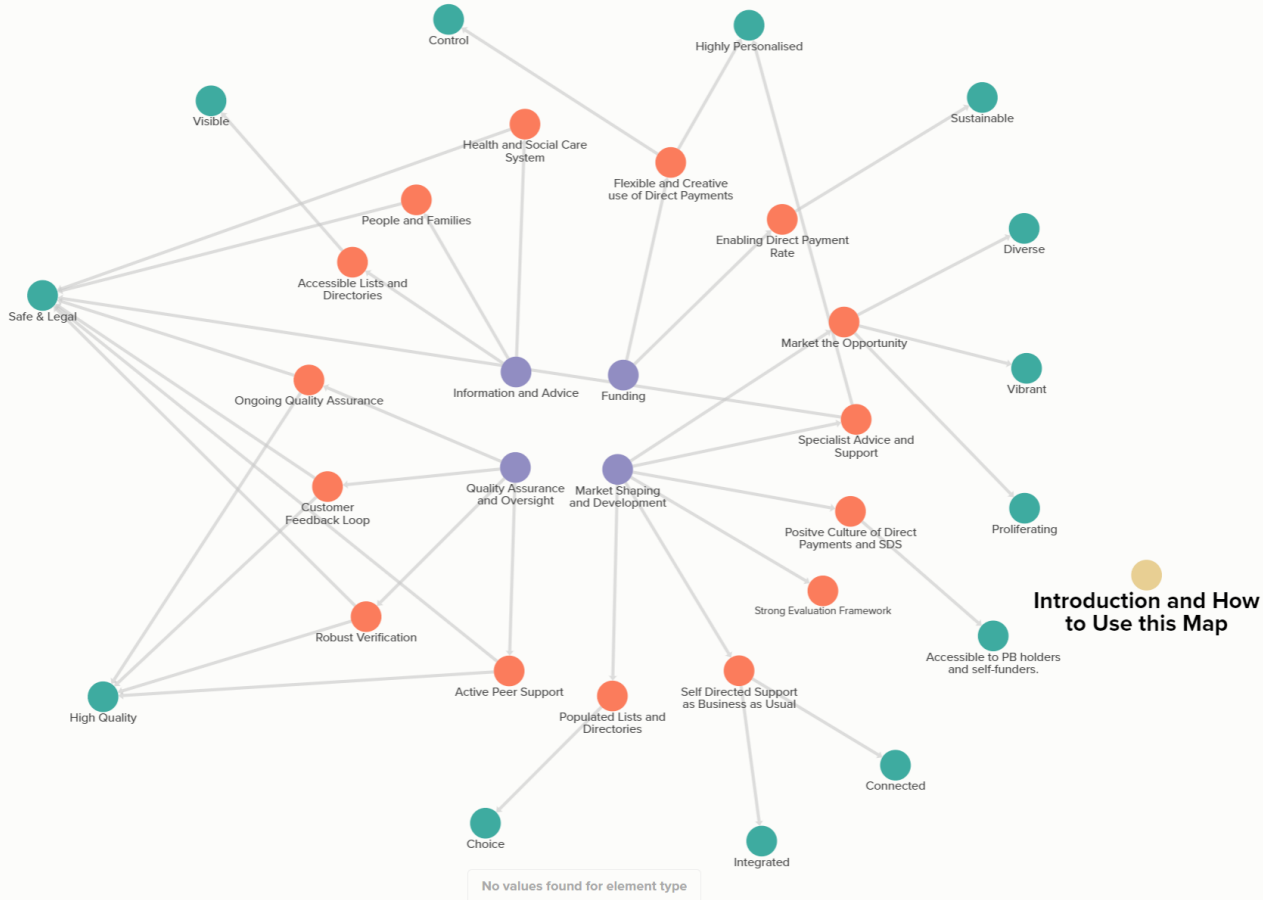
- Created in response to [The Forgotten Workforce Report](#) recommendations for local government
- Commissioners and Practitioners with commitment to community & asset-based approaches
- Share operational and strategic commissioning tools to build PA/ Micro-provider workforce capacity for direct payment recipients and self-funders.
- Build on successes and tackle challenges and barriers to growing local self-directed support marketplaces
- Current membership is 72 Councils and 172 Commissioners & Practitioners



What's on offer?

A space for commissioners to develop their self-directed support marketplace...

- Monthly virtual meetings
- Mailing list
- Shared Document Library
 - Tools and Templates
 - Resources
 - Business Cases
- Development of common approach to assessing impact and outcomes of micro services
- Consortium commissioning
- Peer Support
- Baseline self-assessment



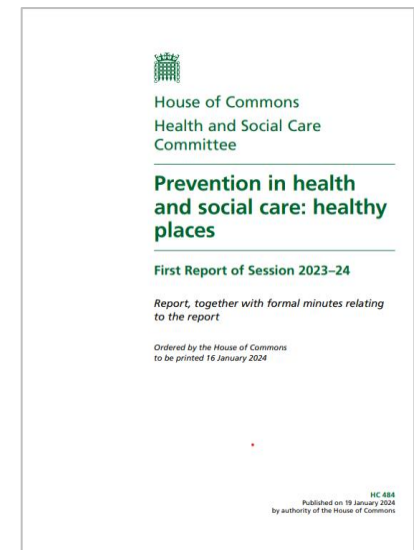
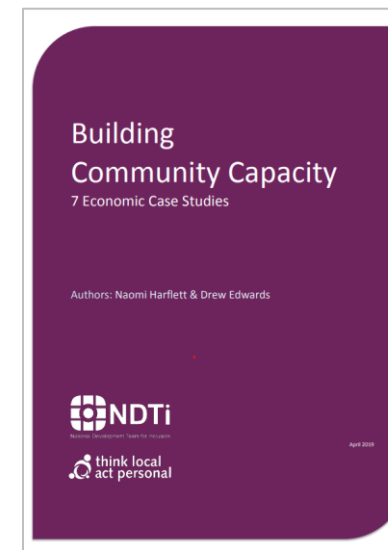
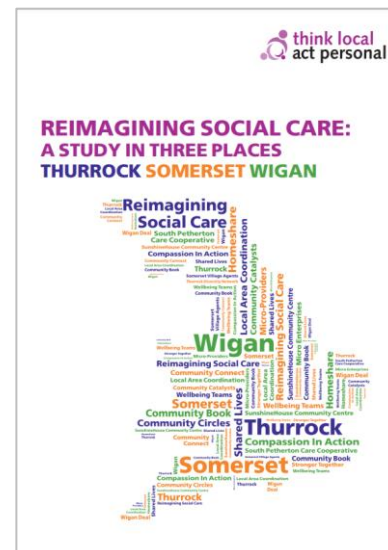
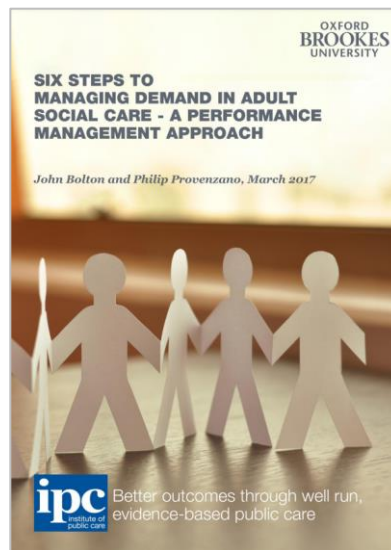
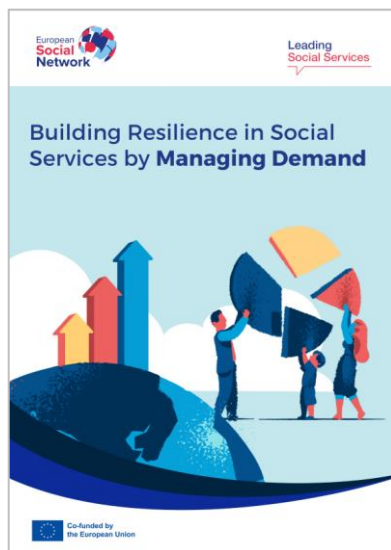
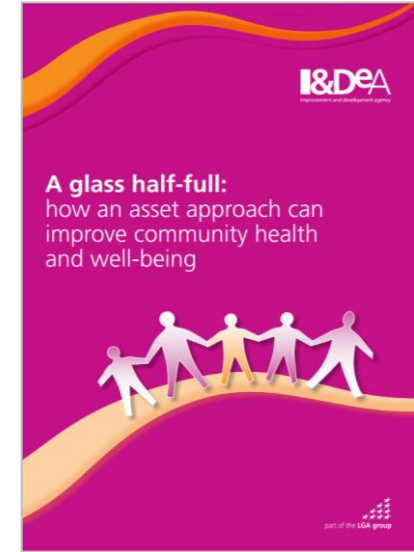
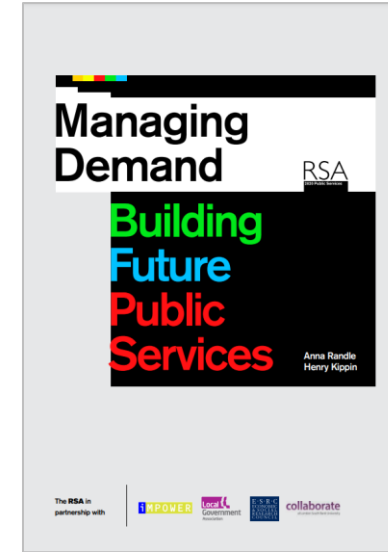
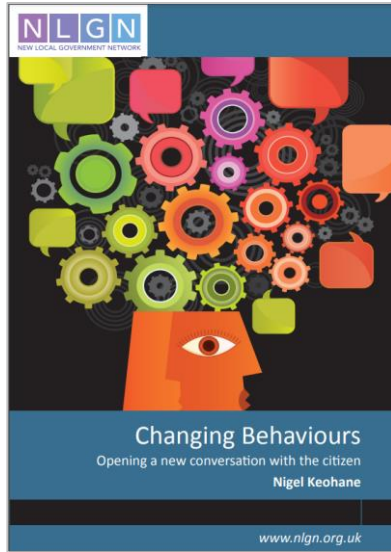
Topics covered to date:

- ✓ Legal and Regulatory Consideration: CQC/HMRC
- ✓ Approaches to Quality, Verification and Vetting
- ✓ Unlocking Direct Payment(s) – Rates, Culture, Practice
- ✓ Shared Data– Impact, Outcomes and Costs/ Efficiencies
- ✓ Self-assessment baseline, evaluation and data
- ✓ In House vs External Commission vs Introductory Platforms
- ✓ ISFs and Enhanced Direct Payments
- ✓ Creating conditions for Micro-providers to thrive
- ✓ Brokerage and care sourcing
- ✓ Health, ICB and Personal Health Budgets
- ✓ Local and national support organisations (Support with Confidence, Community Catalysts, NACAS, ILG-PA etc)
- ✓ Business and infrastructure support.



Concluding thoughts

Useful resources



Key takeaways

Takeaway 1

Building community capacity is as important as having effective processes and IMC / reablement pathways.

Takeaway 2

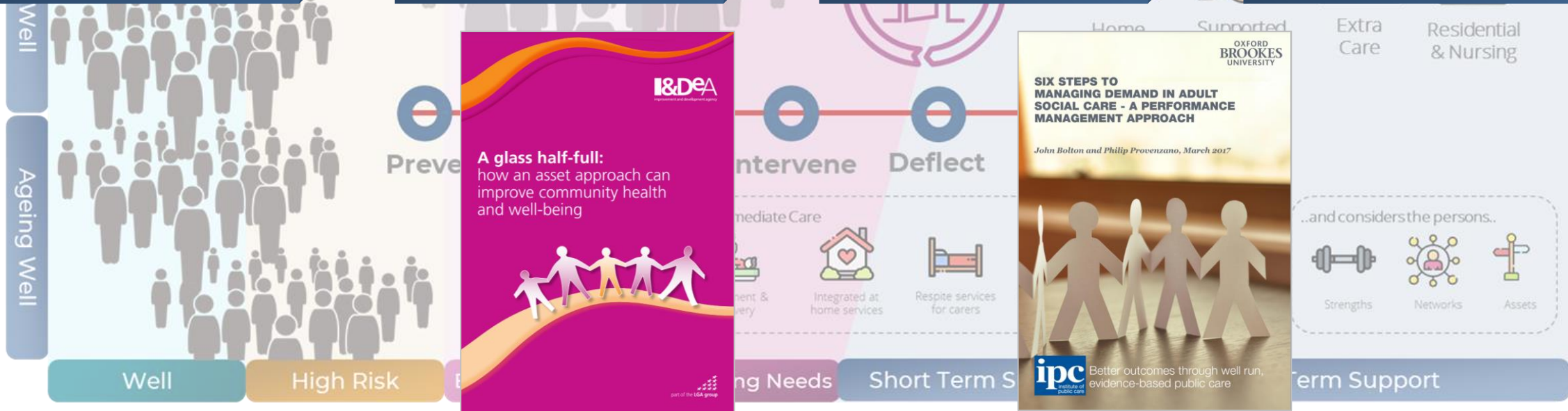
'Offer' has to be built on what we know are the root causes for people requiring support. Explore what the data and people tell us.

Takeaway 3

Don't assume that mainstream services are geared up to maximise independence. Have we got the right level of reablement capacity for both community and acute pathways?

Takeaway 4

Consider whole-life costs of demand, all things are not equal and some demand is likely to cost more than other demand. Understand cost and length of packages of care.



- Information about the content of this session or further sessions:

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Slides and further information will be e-mailed
to all attendees

Thank you for your time

