Borough of Poole Council
ASSIST Peer Challenge Report

February 2017

Report
Background

Borough of Poole Council requested that the Local Government Association undertake a peer challenge in order to identify how effective Adult Social Care is in delivering services that reduce and delay the need for long term care and support.

ASSIST (Assessment, Support and Short term Interventions and Solutions Team) is the name for the new short term early help service in Borough of Poole. This service is made up of a number of teams which are now being brought together under the ASSIST umbrella, namely: Helpdesk, Short Term Assessment Reablement and Telecare Team (START), Brokerage, Business Support and ASC Finance.

The primary objective of ASSIST is to prevent as many cases as possible from escalating to the locality teams by utilising reablement, information and advice, linking to the voluntary sector, short term equipment provision and so on, effectively 'managing demand'.

Borough of Poole was one of 10 councils chosen to be part of a Local Government Association funded project under the Care and Health Improvement Programme (CHIP). The successful bid was made for short term funding for ASSIST and the £20,000 grant invested in a project manager (with project support) to a value of £15,000 in 2016/17 with £5,000 reserved for benchmarking and evaluation activity.

The peer challenge was commissioned by David Vitty, Head of Adult Social Care Services, who was the client for this work.

Scope

1. The main focus of the Peer Challenge was to evaluate the effectiveness of the new ASSIST service and to consider the following questions:

   - Has the methodology used to implement ASSIST been effective?
   - In which areas have we made the most progress and which areas require more focus?
   - Are we doing enough to support Poole's voluntary sector in delivering outcomes for people with moderate and lower level support needs?
   - Are there any other areas which ASSIST could develop in the future to be more effective or successful?

2. A peer challenge is designed to help a council and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.

3. The members of the peer challenge team were:

   - **Simon Pearce**, Director of Health and Adult Social Care, Royal Borough of

Greenwich
- **Cllr Philip Corthorne**, Cabinet Member for Social Services, Housing, Health & Wellbeing, London Borough of Hillingdon
- **Barbara Disney**, Service Manager, Strategic Commissioning – Health, Adults & Community, London Borough of Tower Hamlets
- **Kate Linsky**, National Development Team for Inclusion & Chair of Heart n Soul
- **Kay Burkett**, Programme Manager, Care & Health Improvement, Local Government Association
- Case file audit carried out by **Oliver Mills**, Care & Health Improvement Adviser, Local Government Association

4. The team were on-site for three days from 31st January to 2 February 2017 with one member of the team undertaking a case file audit before we were onsite. The programme for the peer challenge included activities designed to enable members of the peer team to meet and talk to a range stakeholders. These activities included:

- interviews with councillors and officers
- focus groups and interviews with managers, practitioners, frontline staff and partners
- reading documents provided by the council, including a self-assessment of progress, strengths and areas for improvement

The peer review team would like to thank everyone who participated for their open and constructive responses during the interviews. The team was made very welcome and would in particular like to thank Peter Courage, Business Change & Efficiency Manager and Fiona Stephens, Management Support Officer for their invaluable assistance in planning and undertaking the peer challenge.

5. Our feedback presentation to the council on the final day was attended by a range of officers and councillors, including the Leader of the Council. Feedback from the peer challenge covered headline messages and specific points under each of the questions set out in the scope. A discussion of the relevant issues also took place with Jan Thurgood, Strategic Director People Theme, David Vitty, Phil Hornsby, Service Unit Head of the Commissioning and Improvement Unit and Peter Courage. This report covers the points contained in the presentation.

Headline Messages

1. Implementation of ASSIST is supported by a strong project management approach that built on previous experience of smaller scale projects within Helpdesk and Business Support. The project team have added value and credibility to the experience of managers and staff involved in ASSIST due their experience and understanding of the business requirements and change processes. Governance of the project has been successfully managed through the ASSIST Board composed of stakeholders and an independent chair.

2. Staff are enthusiastic, motivated committed and are proud of the role of ASSIST in the context of challenging options for longer term care. Some staff felt the project has opened people's eyes to what is possible i.e. carrying out assessments and reviews over the telephone. There is a feeling by staff that Poole is forward thinking

around reablement which is changing the culture of care provision and moving to a more empowering model.

3. The peer team were provided with a range of case studies and testimonies about the growing ability through ASSIST to problem solve and the stronger links being developed with the community to meet lower level needs . These included the 'My Life My Care' website providing advice and information and the Poole Wellbeing Collaborative Knowledge Bank detailing wider opportunities available locally such Livability Holton Lee for wellbeing activities.

4. Evidence gathering needs to be more joined up and systematic to measure the impact of ASSIST. As well as organisational outcomes modelling needs to be done in relation to outcomes for people, such as; empowerment, health, quality of life, financial stability, benefits claimed or services accessed. Evidence gathering would need to be beyond the information and reporting that can be done with the introduction of the new case management system, 'Care Director'.

5. Two suggestions of ways to measure impact were put forward by the peer team and discussed whilst on-site. Firstly, a feasibility study to assess impact of START on Intermediate Care to help address some of the issues in the acute and preventive reablement service across health and social care whilst usefully feeding into the ongoing market reappraisal for domiciliary care. Secondly, development of a monitoring framework that measures wellbeing outcomes for individuals e.g. 'Outcome Star'. The framework could also be used for other commissioned and in-house services such as care in the home and would give a broader picture of impact.

6. In the view of the peer team modelling will be important going forward to develop and improve linkages e.g. the proposed community hubs and referrals from Poole General Hospital that might impact on capacity within ASSIST. Modelling should also be scoped to pick up people who won't need statutory services and to help consider they can be directed effectively so they are not drawn in a direction that doesn't fit their needs. Additionally, more in depth analysis of the existing information could usefully target further prevention. For example, the re-referrals to the system, where it would be useful to identify the level of frequency and the previous outcomes.

7. Within a sphere of reduced funding there are ways in which to maintain strong links and a positive relationship with the voluntary sector in Poole that would be helped by developing a clear vision for the voluntary sector in conjunction with them. This would help shape their local offer and make any changes to funding more transparent with more time allowed for planning of the impact. There is enthusiasm from the voluntary sector to work with the council, and other partners, in the development of ASSIST.

8. Elected members are invited to visit ASSIST to learn more about the work of the team and prevention has been on the agenda in Overview and Scrutiny committee However, there is more to be done to communicate about ASSIST as it moves into the next stage of development.

9. Some people are less clear than others about what is contained within ASSIST and what it means for them, for example, some of the locality teams and voluntary sector partners. There are some good news stories to communicate, for example, within

START 65% of referrals were reabled with a sense that more can be done. Communication and engagement within and outside ASSIST and also to further prevention ambitions with partners in line with the shift to a more preventative agenda on a sub-regional level.

10. The impact of ASSIST on certain areas e.g. brokerage and assistive technology hasn't been felt yet and will require additional conversations. It has been recognised by the council that the end of Phase One of the project gives an opportunity to communicate more widely within and outside to promote ASSIST.

Has the methodology used to implement ASSIST been effective?

11. There has been a structured approach to the implementation of ASSIST with a clear phasing to this. Recruitment of additional visiting officers in order to take on the increased demand placed upon these roles indicates that information collected is acted upon. However, monitoring and evaluation is an area where improvement can be made. Measuring impact will determine to what degree the management of demand through early intervention and prevention will provide the benefits required for cost saving, as well as providing positive outcomes for local residents.

12. The role of the project team is highly regarded by staff. ASSIST staff confirmed that the project team sat with the teams to streamline and question why things were done a certain way and provided training, which was really helpful. Project management has worked well alongside other reorganisation and accommodation changes enabling a clear context for START, Helpdesk, Brokerage, Business Support and Finance to be placed under one service management post and create the delineation between 'short' and 'long term' services. There was recognition for the importance of the work untaken by the project team on process mapping to enable this to be understood. This provided a basis for communication between teams and helped to bring about the significant change of referral from Helpdesk to START.

13. ASSIST staff are keen for further training. The peer team noted that 23% of ASSIST referrals to START (October to December) result in no service required and additional training may reduce this number. Training may also be a useful vehicle to promote some of the more simple assistive technology items e.g. meds dispensers, rather than referrals going through to START. Ongoing training for staff will be necessary as the service develops including developing responses for people who don't fit into traditional provision of care and support services.

14. There is a new distinction between long and short term to help with managing demand. Staff are clear about how their area fits with ASSIST, even though it is early days and the impact of the changes have not been felt fully across the piece, for example, no-one has come through ASSIST to Brokerage yet, but this is expected to change.

15. There is scope to consider a more holistic response to Telecare, equipment and housing within ASSIST as it moves to the next phase of implementation. This would enable a more joined up approach to providing solutions for vulnerable people and

their carers. The Lifeline Service and the associated single-handed lifting service provide good evidence of prevention and could be promoted more widely e.g. to self-funders.

16. Whilst the processes within ASSIST are clear there is a development opportunity to ensure that outcomes for individuals becomes a more dominant narrative in describing the impact of ASSIST. Individual examples of good person centred practice were cited, but this did not feel as systematised as the more operational management aspects of the service. The peer team understands that this will have more prominence in the next phase and suggests there are opportunities to have an embedded approach to the experience and involvement of customers e.g. through the 14 day follow up process, collection and use of case studies and personal stories.

In which areas have we made the most progress and which areas require more focus?

17. There is a clear understanding of the challenges of the market and the impact on ASSIST. In particular, the domiciliary care supply is an area the council is focused on due to the difficulties this presents for the rapid short term intervention model, reablement and pressures elsewhere in the care and health system. Joint procurement with Bournemouth Borough Council and Dorset Clinical Commissioning Grop and exploring locality based models are examples of the continuing work to develop strategies being taken by the council. The peer team noted the positive development of Extra Care Sheltered Housing, also the use of two bedroom flats for people with learning disabilities with an elderly parent/s.

18. Efficiency savings will be challenged by the "watering down" of the reablement offer due to the challenges within the market. The lack of capacity in the independent sector care market is resulting in START holding a number of interim care packages and reducing the available resources to focus more on reablement. The voluntary and community sector expressed a willingness to be involved in this sort of evaluation on a wider basis.

19. The potential of assistive technology (AT) and occupational therapy has yet to be embraced through START with less than 1% of referrals for AT going through START at present. This should be seen as a development opportunity to maximise work that has taken place to increase the range of provision available. Modelling of the cost-savings of the Lifeline and quick lifts (including the impact of savings for the NHS) has been undertaken. The benefits of extending the use of AT to other groups has also been outlined e.g. for people with a learning disability. Earlier intervention of this type of service for people starting with dementia could help keep people at home for longer.

20. The two week ASSIST hold has been maintained as a key part of the design of the new system. Monitoring data that includes impact on the customer, could be used to assess whether this is the right period for the consumer, or whether delays in the system result in additional telephone calls being made to chase progress.

21. Provision of information and advice is good with a range of methods available. My Life/My Care has the ability to capture 'hits' which could be useful in providing an evidence base for ASSIST if they could be broken down further. Creating links to My Life/My Care through Care Director later this year will be a helpful development. The Directory is being actively promoted with a planned timetable of training for social workers, including those that are hospital based. The Directory is purposely programmed to inform and direct people to think about the range of support available to meet their needs. This helpfully provides alternatives to high cost provision care homes e.g. by providing information on independent living and long-term condition support groups. It would be useful to clarify the updating programme for the Directory so any concerns about relevance do not undermine its use.

22. Fact sheets have been rebranded in conjunction with a range of people who use services and their carers. They are concise, clear and updated on a regular basis. They are available on the website, Visiting Officers take them on visits and there has been proactive work with GP practices for them to hold this information meaning there is an awareness of the fact sheets and their content with which to advise patients. There is also a useful Knowledge Bank run by the Wellbeing Collective.

23. Having a focus on alternatives to crisis payments is having a positive effect on resources and people's experiences. Work to create an intuitive IT system to record crisis cases and a focus on looking at alternative methods of support has helped to deliver a reduction in budget. There are many examples of the positive and pragmatic advice provided on grants, benefits and loans, along with information on how to access food banks etc. This approach has resulted in savings of 50% year on year since 2013/14.

24. There is a tension between ASSIST and Long Term Team resourcing regarding clarity for ASSIST holding its own short term cases and the capacity to do. Acknowledging the tension could be a positive in understanding and balancing the 'push, pull' of scarce resources. Further work on understanding the "customer journey" - which seems to be different for people with learning disabilities, carers and older people – could add some clarity to this understanding. In the next phase of development there is an opportunity to look at the complementary processes of the customer experience, inside and outside of ASSIST, as well as conversations with staff and partners to draw together suggestions and ideas for improvement. The peer team heard suggestions from staff about the scope for preventing people from accessing longer term support and also the need to reduce processes that are not 'lean'. As an example, there is potential for work with commissioners and providers to explore opportunities for screening and self-directed assessment. Work like this would also help to promote ASSIST and links with a wider range of providers.

25. Communication and engagement within and outside ASSIST is an area requiring development. This would need to include clarity about the possible impact for the Long Term Team e.g. how referrals are taken, the potential for impact on duty calls and how to best utilise the wealth of information held by Helpdesk staff – beyond the Directory to include the wider Knowledge Hub.

26. If the Council wishes to pursue having an unique selling point of ASSIST to ensure awareness of it with the public - so it can be accessed for practical help and advice e.g. as a source of information on alternatives to residential care for self-funders and for people who use statutory services – it could consider the following points offered by the peer team. Develop ASSIST within a framework of interconnecting services rather than a linear line in one direction to help in communicating clearly its value. Consider modelling different ways of accessing ASSIST in addition to the phone route. Undertake further communication about ASSIST across the council to develop the involvement of key areas such as housing.

27. There is currently lack of clarity about where the six week review sits with potential for it to become a new assessment if it is placed within the long term team. Therefore, consideration should be given to it staying within START. An increase in the number of handoffs, rather than reducing them is a possibility if this key aspect of a person's journey is not clarified. Better data and information sharing between ASSIST and the long term team would be required to main the aspiration of people only needing to tell their story once.

Are we doing enough to support Poole's voluntary sector in delivering outcomes for people with moderate and lower level support needs?

28. There are some strong links with the VCS sector helped by the clear and constructive approach taken by council commissioners and a willingness by the VCS to develop these links further. The established and productive links between Poole & Bournemouth VCS could provide a road map for the future. There are the beginnings of involving the VCS in delivery with the 0.5 day a week post sited within ASSIST with staff expressing appreciation of the closer working relationship. The Knowledge Hub provides a wider community-based asset approach that could be key to reducing demand on services.

29. The Wellbeing Collaborative is having a positive impact on co-ordinating and mobilising volunteers to address loneliness e.g. through lunch clubs and volunteer befrienders. Its work with local large businesses like LV, Barclays and J P Morgan should help recruit more volunteers and increase the resources available. Social prescription through the Collaborative is starting to have a positive impact on people with moderate and lower level support needs e.g. social isolation. The number of referrals has risen by 25% in the second year of the scheme. The Collaborative have issued small grants to support local groups and organisations deliver support to fill identified gaps in provision..

30. The council has helped facilitate contact and understanding of clinical commissioning group (CCG) procurement processes for the Wellbeing Collaborative. This is a real strength and meets requirements of the Care Act (2014) to promote wellbeing. There

is however a recognised challenge going forward to demonstrate the outcomes being achieved for sustainability purposes

31. There is an opportunity to work with the wider voluntary sector to understand their role in the customer journey, including other people at risk of social isolation, not just older people. The voluntary sector has expressed a willingness to help with monitoring and evaluation and this would be a useful aspect to consider. It will be important to plan with them for the long term; to manage expectations around what can be delivered within the resources available and the evidence of impact.

32. There is some further work to be done on clarifying links and input to ASSIST from the voluntary sector and other organisations such as, Faith Groups and social clubs.

33. Some areas to consider are; the new Discharge Hub, how the strategic, preventative aim of ASSIST can support Hospital discharge and sustainability. Particularly through Social Prescribing.

Are there any other areas which ASSIST could develop in the future to be more effective or successful?

The peer team recognises the areas highlighted during their visit for the future development and improvement of ASSIST and offers the following as areas to also note going forward:

- The Joint Services Board provides a good platform for strategic direction
- The new Joint Head of Service role with Bournemouth enables sharing of best practice
- Develop strategic approach to engagement with partners, local communities and resources and also to further prevention ambitions with partners in line with the shift to a more preventative agenda on a sub-regional level.
- In the next phase of ASSIST development consider the implications for local systems of the Sustainable Transformation Plan (STP), Clinical Services Review and Prevention at Scale opportunities
- Explore stronger links with local communities, community development and faith groups as part of your prevention ambitions
- Consider greater use of digital technology e.g. an ASSIST app
- Make better use of data/statistics of impact of ASSIST to understand what it does to inform future investment
- Work to make sure people using statutory services get the benefits from ASSIST's community knowledge and connections
- Explore the possibility of ASSIST supporting people with mild to moderate mental health needs
- Explore participation as part of Phase 2
- Create opportunities to enable staff teams to be more creative and innovative in developing support plans/care packages

The peer challenge team wish the Borough of Poole well in the next phase of ASSIST's development and trust that this report is helpful in this journey.

Contact details

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