



Partners in Care and Health

# Understanding and Managing Waiting Lists for Adult Social Care Webinar

Tuesday 19 December 2023 – 2:00 – 3.30PM Partners in Care and Health





The Local Government Association and Association of Directors of Adult Social Services are Partners in Care and Health (PCH) working with well-respected organisations.

PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.

The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support and building connections.

It is funded by Government and offered to councils without charge.

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Partners in Care and Health

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Sunderland City Council

## Sunderland City Council

Adult Social Care
Wait List Management

## Background

The impact of Covid, Hospital Discharge and increased demand and complexity meant that delivery of support and services were diverted to greatest need within limited resources.

The diversion and use of services in this way had created a number of backlogs across Adult Services accrued largely over the period of the Covid pandemic including:

- New assessments
- Reviews
- Care Packages
- Financial Assessment

## **Original Position**

An assessment of the position was taken across all wait lists so we were clear exactly what activity was outstanding, where and who (customers, teams and staff)

The position was defined by team as follows:

- Cases waiting over 28 days for allocation of worker to complete a new assessment
- Cases waiting over 2 weeks, but before 4 weeks for allocation of a worker to complete a new assessment
- Pressures in service that could result in the development of a waiting list
- Cases waiting over 28 days for allocation of a worker to complete a re-assessment
- No Delays

In all service areas, new customers who need are experiencing significantly complex or high risk difficulties were and continue to be allocated for an assessment immediately upon receipt of referral.

#### **Forward Plan**

A plan was then created to address the management of the current wait lists and future demand across all services with an agreed performance monitoring schedule in place to monitor impact of the agreed activity and targets assigned.

#### **Review Assessments (SW)**

- List segmented in to cohorts as follows.
- Each list risk stratified and priority for completion assigned based on:
  - New contact for change in circumstances received
  - Number of safeguarding referrals received
  - Residential / Community provision
  - Date of last casenote /contact with service
  - Length overdue
- Agency resource secured for completion of agreed reviews.
- Trusted assessment put in to place with SCAS and DP customers
- Redefined the Business Process where no change to original need, support or care plan that minimises administrative activity.

#### **New Assessments (SW and Therapies)**

- A RAG rated system was put in to place managed by the Team Managers and Seniors within each team to assess and assign risk to each new request for assessment.
- Red rated new requests were allocated for assessment immediately.
- Amber and Green requests are allocated for assessment within 2-4 weeks of the request being received.
- Duty workers within teams collated additional information to support the assessment of risk and ensure the risk rating remains appropriate.
- Customers are communicated with throughout the process to encourage contact should circumstances change and manage expectations.
- Commencement of self assessment for new SW assessments

#### **Care Packages**

- Introduction of short term Direct Payment grant for hospital and community cases providing up to £1000 for a 4 week period to purchase support to meet needs.
- Promotion of Direct Payments as a viable alternative for community based services.
- Pilot funding schemes with homecare providers to encourage pick up of hospital discharge packages and retention of care packages during hospital stay via a block contract arrangement and 4 week retention period for hospital discharge restarts.
- Engagement with Curamcare for use of self employed Personal Assistants via a Direct Payment.
- Implementation of Power BI brokerage list accessed directly via providers providing an interactive view of packages awaiting pick up and provision of Power BI licences to providers..
- Risk assessment protocols for customers on the wait list to ensure safety, health and care is maintained.

#### **Financial Assessment**

- Introduction of online financial assessment for new and review assessments.
- Reviewed and redefined frequency of review financial assessment e.g. where customer is on basic benefits with nil contribution moved to 2 yearly review.
- Increased staffing capacity with additional permanent staff and PVH resource.
- Short term overtime to support backlog

## **Managing Future Demand**

A range of solutions have been implemented or are planned for the next 3-6 months to manage future demand and minimise the risk of wait lists accruing across services as follows:

- Digitisation of assessment and review model via customer, client, delegation and provider portals allowing completion of online assessment and review by customer, family, professional or provider.
- Trusted, self and supported self assessment models implemented
- Review of business processes to lean out administrative activity and free up practitioner time e.g. review process, user of telephony apps.
- Restructure of models of care and increasing staffing capacity.
- Review of hospital discharge with Trust and Community Health partners.
- Review of prescribing rights for partners
- Implementation of a range of telephony apps (Reablement, wheelchair reviews, Community equipment, customer feedback and proportionate review)
- Scale up of tech enabled care and implementation of virtual check in service. (Guardian and Alexa Vocala currently being piloted)
- Embedding strength based approach across the partnership

#### Performance

It is key that our plans and activity are closely monitored, managed and challenged to ensure that what has been put in to place delivers against the targets we have set.

A monthly performance meeting is in place where progress against our activity is monitored using he following information across all services as well as detailed Power BI reports available as a live resource:

Total number of cases where an assessment has not yet started, and it has been over 28 days since the service received an initial contact, as at 1<sup>st</sup> November 2022 Total number of cases where a re-assessment of an existing care package has not yet started, and it has been over 28 days since the re-assessment was due to be undertaken, as at 1st November 2022 Longest wait time for a new assessment Average wait time for a new assessment Longest wait time for a reassessment Average wait time for a reassessment Target for reduction in wait list for new assessments Target for reduction in wait list for re-

assessment

## **Key Improvements**

- Reduction in overdue SW reviews from 1709 in November 2022 with the longest wait time being 1044 days to 305 as at 18.12.23 from April 23 onwards with the majority being due in November and December 23 at 220.
- Reduction in overdue new assessments to 28 as at the end of November 23 where they have been in progress for more than 28 days.
- Reduction in the number of people awaiting a care package from 160 as at November 22 with a maximum wait time of 300 days and an average wait time of 57 days to 43 care packages outstanding in December 23 with the longest wait time being 113 days and the average wait time being 16 days.
- Improved staff wellbeing and engagement
- Improved customer feedback and satisfaction

#### **QUESTIONS?**





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# Debra Ward Assistant Programme Director, Adult Social Care Transformation NHS Greater Manchester





## Understanding and managing waiting lists for adult social care – the GM approach

**Part of** Greater Manchester Integrated Care Partnership

Presented by: Debbie Ward Date: 19 December 2023

#### **GM** drivers



Living Well at Home Programme



Capacity and demand modelling across
ASC market

System reporting on capacity to support discharge and flow

Needed to include known and unknown/unmet demand

Recognised
additional driver of
CQC single
assurance framework

#### The GM approach



Living Well at Home Programme



Agreement that currently locality submissions were not consistent

Worked jointly with BI/performan ce leads to agree a specification

Amended IG arrangement s to support flow of new data into ICS Tested out understandin g of what the data was telling us – identified data quality improvement

Enhanced with NHS MH Services Data Set S117 data Added
waiting list to
system
reporting on
ASC
capacity and
demand

Created locality and GM narrative on understandin g and managemen t of waiting lists

Identified best practice and learning to grow/share across GM

Briefing for GM ADASSproduced consistent evidence for CQC

#### **Current status**



Living Well at Home Programme



All 10 LAs in GM submit data monthly

Waiting lists are reporting as part of our adult social care report to NHS GM System Control Centre Leadership Group – as part of wider picture on current demand (met and unmet)

LAs continue to improve data quality to and to update their narrative for their CQC self-assessment

Our trend data is currently skewed due to staggered submissions, so we're going to amend presentation so that it's more accurate

Should national guidance on recording waiting lists become available, we will reflect the GM approach to align



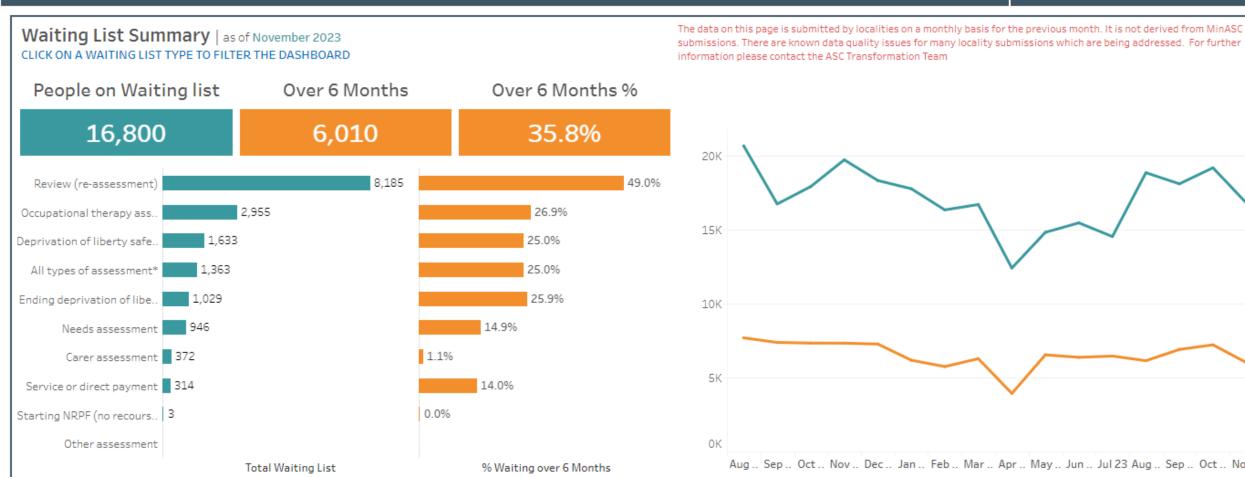


**Living Well** at Home **Programme** 



#### Assessments Waiting Lists





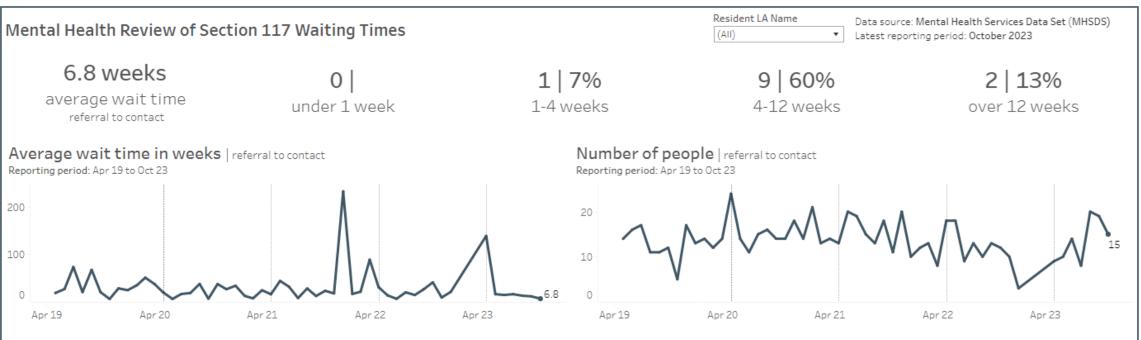
15K 10K Aug .. Sep .. Oct .. Nov .. Dec .. Jan .. Feb .. Mar .. Apr .. May .. Jun .. Jul 23 Aug .. Sep .. Oct .. Nov ..



#### **Example GM NHS MH data report (using demo data)**

Living Well at Home Programme











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