

Tower Hamlets Transformation & Improvement Board

Adult Social Care Improvement Programme

Lead Member: Cllr Denise Jones, Cabinet Member for Adults, Health and Wellbeing

Presented by: David Jones, Interim Divisional Director of Adult Social Care, LBTH

ASC Improvement Programme



Setting the scene

5300 people received care and support 2017/18

- 42% Older people
- 26% Learning disability
- 16% Physical support needs
- 10% Mental health needs
- 6% Other needs

£120m budget in 2017/18

- Care homes, 650 people, £30m
- Homecare, 1780 people, £29m
- Direct Payments, 530 people, £10m
- Daycare, 490 people, £5m

Adult social care feedback

- 57% reported being extremely or very satisfied with their care and support in February 2018. 29% reported being quite satisfied – similar to London averages.
- 93% say social care helps them have a better quality of life – higher than London average

ASC Improvement Programme



Began in summer 2017, and aims to:

“Improve outcomes for local people through excellent social work practice and preparation for enhanced integration and partnership working between health and social care”

ASC Improvement Programme



1. Improve workforce culture, practice and stability

2. Improve integration with Health

3. Improve the experience of adult social care users and carers

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1. Improving workforce culture, practice and stability – what did we do?

Launched a new vision for adult social care, aligned with TOWER values

Bureaucracy busting initiative

New staff supervision policy

Regular staff newsletters and communication

New service standards

Renewed focus on strength-based practice & proportionality

Focus on improving safeguarding practice

Joint work on Social Work Academy

Attracting new Social Workers and Occupational Therapists

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1. Improving workforce culture, practice and stability – what difference did it make?

- Greater emphasis on early help, choice and empowerment
- Audit results show improved safeguarding practice
- Work is carried out more efficiently due to bureaucracy busting initiatives
- New forms and processes support strength-based conversations
- Agency usage has reduced

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1. Improving workforce culture, practice and stability – what difference did it make?

Health, Adults and Community Services Directorate came out top in the 2018 staff survey for:

- My manager motivates me to achieve my best
- My manager encourages me to improve the way I do things
- I am recognised when I exceed expectations

“I have observed a shift in atmosphere and culture. There has been improvement in the engagement of all members of the management team...and increasingly a positive and joint approach to working together to achieve change. The leadership approach appears to have been successful in generating this engagement and ownership, which means that the changes are more likely to be sustained”

– Dr Adi Cooper OBE,
Care and Health Improvement Advisor,
London

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1. Improving workforce culture and practice – challenges and next steps

- Culture change takes a long time and is an ongoing priority
- Recruitment remains an ongoing challenge, especially at the 'front door'. 80% of new staff are recently qualified
- We are developing ongoing ways of monitoring performance and practice, overseen by the Quality Assurance Board

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2. Improving integration with health – what did we do?

Restructured teams into 4 localities, aligned with community health teams and bringing together SW and OTs

Developing an initial assessment team, with strong links to health partners

Pilot of jointly triaged short-term support, e.g. Reablement

Supporting Independence Programme for people with a learning disability, including Shared Lives

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2. Improving integration with health – what difference did it make?

- New structure enables closer working with health: *“The Adults Social Care [restructure] ...demonstrates what can be achieved when restructure is done with emotional intelligence, open communication and staff involvement “ – Investors in People*
- Supporting Independence and Shared Lives provides more choice and independence for social care users

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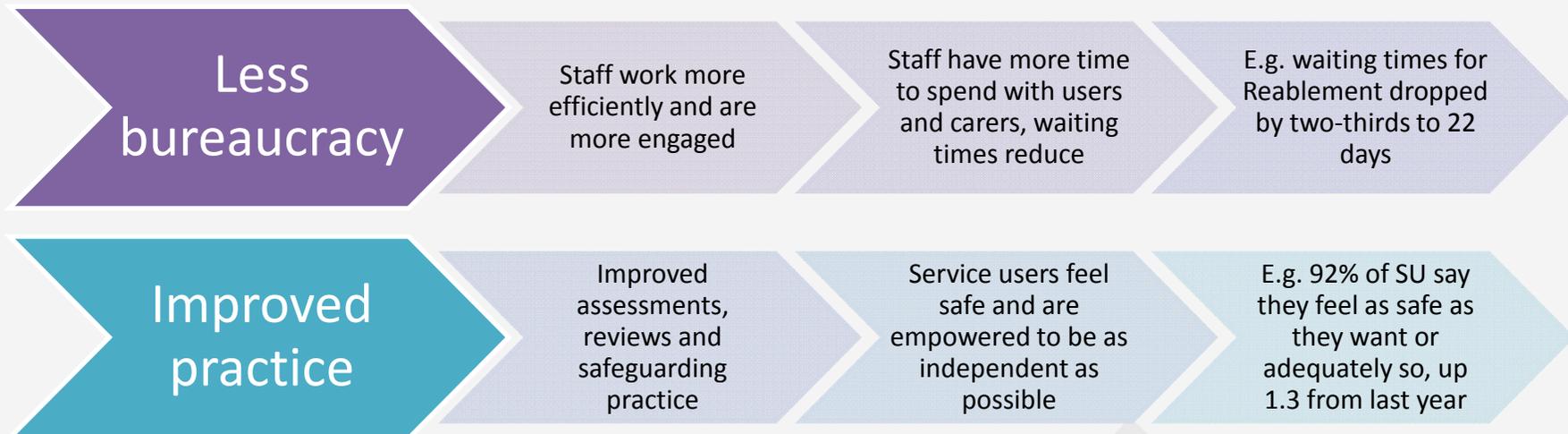
2. Improving integration with health – challenges and next steps

- Restructure positively received, with evolving benefits. Performance data is being gathered, but early days. Data quality is a challenge.
- Work on Supporting Independence programme is progressing. Shared Lives will be launched in April.

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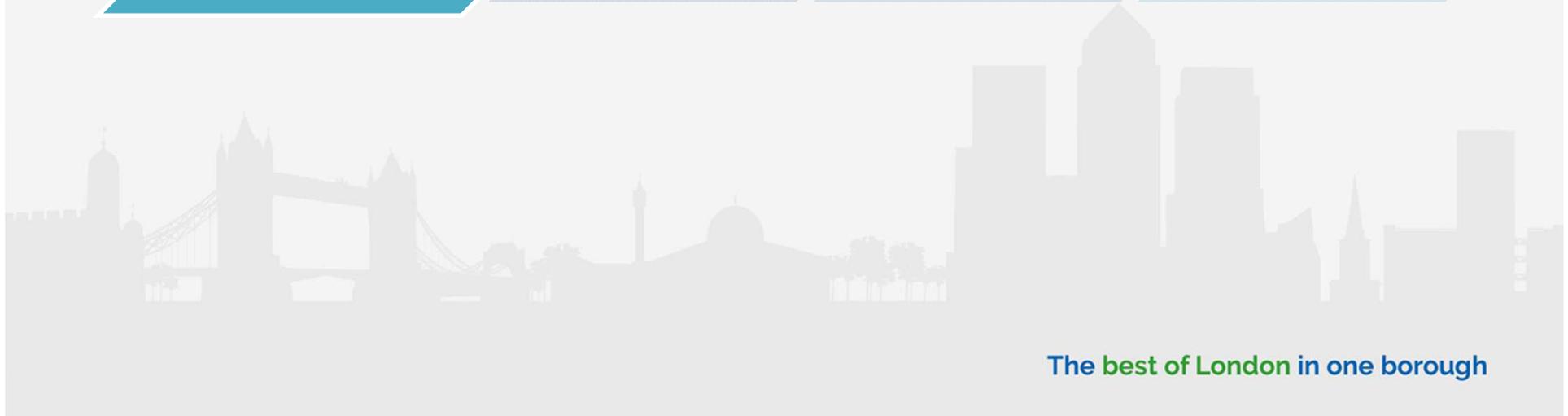
3. Improved experience of adult social care users and carers - examples



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3. Improved experience of adult social care users and carers examples



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3. Improved experience of adult social care users and carers

Carer case study

- A new carer assessment was piloted August – November 2018
- New offer of early help
- Newly designed carer service started in December 2018
- We are now identifying and supported more carers. The number of carer assessments carried out between April 2018 and January 2019 is 228 – this is above target.

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3. Improved experience of adult social care users and carers

Supporting independence

Mr Z has significant learning disabilities and physical disabilities. He has lived in a residential placement in the South West of the UK since 1987 with his two brothers

Mr Z's Social Worker used a 'progression model' assessment to understand whether the placement was still right for him.

Through this model, it was agreed that whilst the placement should continue, changes were needed. Mr Z will now have more contact with his family, his diet has been adjusted to reflect his faith, and he interacts more with his local community.

Safeguarding

Ms T was referred to a new High Risk Panel after concerns that she had been trafficked to the UK. Ms T had long-standing drug problems and was involved in sex work.

Ms T was allocated a Social Worker, and received substance misuse support. She did not always engage with services, and was involved in the financial abuse of another vulnerable adult.

After close partnership working, Ms T is now engaging with support services and has obtained a passport, moving her towards rehabilitation and a legitimate right to work.

Smart care

Mr P lived with multiple health conditions and was bed bound. He had a high-cost, 24 hour care package. Tasks such as turning Mr P in his bed had to be managed very carefully.

Mr P was assessed by the Smart Care Project and was provided with a bigger range of equipment. Mr P found that using the equipment was a gentler way of being turned on his bed that reduced his pain and discomfort. Fewer carers were needed as a result of the equipment, and Mr P's daughter was positive about this change, with less people in her home.

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3. Improved experience of adult social care users and carers

“Your visit was so refreshing. It seemed like the first time that somebody understood... I felt that you listened and understood that my mum can’t always just have a package in place to address her needs and that I have to be flexible and adaptable to my mum’s needs” - Carer

“You guys are life savers! It is good to know that S has such a great team caring for him” - Carer

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Significant progress, but more to do:

1. **Culture change** takes time, and remains a priority
2. **Recruitment** of experienced, high-calibre practitioners is an ongoing challenge
3. Improving the **quality of data** will help us better evidence progress
4. Focusing on our **information and advice** offer will help manage demand at the 'front door'



...This will be overseen by our Quality Assurance Board, in partnership with others