

BEST VALUE REVIEW SERVICES FOR OLDER PEOPLE IN WEST SUSSEX

CARE MANAGEMENT ARRANGEMENTS

EXECUTIVE SUMMARY

Project Director: Anna Coss, Head of Strategic Commissioning and Performance
Project Managers: Alison Tuck, Scrutiny Review Group
Debbie Allman, Scrutiny Review Group
Working Group Leader and Author of Report: Margaret Guest, Health Partnership Manager

Sub Group Reports compiled by:-

**Debbie Allman
Kim Fermor
Gerry Holben
David Littlejohns
Susanne Sanger
Alison Tuck
Fran Wiles
Sushila Wingham**

FEBRUARY 2004

FEBRUARY 2004

**MESSAGES FOR CARE MANAGEMENT FROM PEOPLE WHO USE
OUR SERVICES**

“Access to information about services and the care management process”

“Knowing what’s likely to happen and when; who will see information about us and how our personal finances could affect the services offered”

“Advocacy support and availability including when making a complaint”

Alternative sources of help, availability and access, when a person does not meet the department’s eligibility criteria”

(BVR Services for Older People, Care Management User Consultation October 2003)

CONTENTS

Description	Page
Recommendations for Project Steering Group	4
Definitions, Background and Introduction	5
Summary, Key Findings and Recommendations	9
Principles for Modern Care Management Arrangement	16
Risk Analysis	17
Gap Analysis	19
Alternative Methods of Service Provision	20
Performance Improvement Plan	23

**BEST VALUE REVIEW
SERVICES FOR OLDER PEOPLE
IN WEST SUSSEX:**

**CARE MANAGEMENT
ARRANGEMENTS**

Recommendations for Project Steering Group

The Best Value Review Group reviewing the care management arrangements for older people present the following report to the Project Steering Group on 2 February 2004 and make the following recommendations to the group:

- **The Best Value Review is accepted by members of the Project Steering Group**
- **The Project Steering Group commends the report to the Cabinet Member for acceptance**
- **The document is then published and shared with stakeholders**
- **The Performance Improvement Plan forms the basis for action**
- **An update on progress is made available to members in one year's time**

Our essential aims are to help people to continue to live independently, and to provide security for those who need care or support. To achieve these aims requires a change in spending patterns away from institutional care to supporting people to live in the community. However, in so doing we will not compromise on meeting the needs of individuals.

(County Strategy 2000-2005)

Executive Summary, Key Findings and Recommendations

Definitions

Care Management is the process of identifying and assessing needs and arranging services to meet those needs. The West Sussex model ensures that the processes are carried out and one person is responsible for co-ordinating the care. However the worker may change after the assessment is complete. The term 'social worker' was retained to more accurately reflect the wider social work role and function, which includes that of care management.

Publishing Information

The Department will review the information and produce/make available information on:

- The types of need the Department intends to meet
- The eligibility and priorities for assessment and services
- The range of service available
- The processes including how people access services
- Charging policies
- Performance standards
- Complaints

Identifying Need and Determining Eligibility for Help

This is the process whereby an initial examination of an individual's circumstances, strengths and needs are undertaken to determine the eligibility and priority for help. Help Desks can provide information, re-direct users to other agencies or sources of assistance or, if criteria are met, may take further information for more detailed assessment or arrange immediate services.

Assessing Need

Assessment is the process by which the total care needs of an individual are established. It results in an understanding of the users' and carers' concerns and the support currently available and agreeing with them a statement of their needs.

Care Planning

Care Planning is the process of identifying the most appropriate way of meeting the needs and the stated objectives and incorporating them into an individual care plan. It should provide the opportunity for inventive and innovative approaches to support independence and should not be constrained by “off the shelf” service solutions.

Monitoring

Monitoring is the ongoing process, which ensures that the objectives in the care plan are carried out to the required standards.

Reviewing and Reassessment

A review is the reconsideration of the relevance and the effectiveness of the original package in meeting the objectives of the care plan and includes a re-assessment of needs. Reviews are carried out at regular pre-set intervals or when it has been identified that circumstances have significantly changed.

Eligibility Criteria

Eligibility Criteria are ways of ensuring that resources are targeted at those most in need (either currently or likely to be so in the near future). They are agreed statements, which identify the level of needs people are deemed to have.

Background

Care Management is a concept that has developed from the implementation of the NHS and Community Care Act 1990 and the policy guidance that accompanied this Act, which urged Local Authorities to adopt a Care Management model which separated out the role of assessment of needs from the provision of services.

Different models of Care Management developed across the country. However, most Authorities adopted a model whereby ‘care managers’ were designated to complete assessments, develop implement, monitor and review care plans and services provided within those plans, to meet the assorted needs.

West Sussex did not adopt the term of ‘Care Manager’ and kept all structural changes to a minimum. The functional activities of assessment and care management were however carried out in the relevant teams to meet the fundamental requirements of the Act.

Then in 1998 the Joint Review of West Sussex Care Management Arrangements gave the following key messages:

Key messages from the West Sussex Joint Review on Care Management 1998/9:

- There is inconsistent access to services
- Too many people enter into the system
- There are no effective eligibility criteria

FEBRUARY 2004

- Priorities are not clearly defined
- Services are spread too thinly across too many people
- Different levels of services are given to meet different levels of need
- Systems do not ensure consistent services and adequate standards

The review advised the Social Services Department to:

- Change its relationship with service users and become much more open in its approach to services and planning
- Define its core businesses and priorities and re-organise its resources and accountabilities accordingly – specifically improve the balance of services for children and families and reduce its reliance on residential care for all client groups
- Embark on a planned programme of service changes that are carefully project managed
- Use budget control as a gear and not a brake by becoming more flexible and devolving responsibility

As a result a new Care Management Policy was introduced in West Sussex in April 1999, which included the introduction of eligibility criteria and a formal assessment process across the county. This was further developed and 'Care Management, the Whole Process' was implemented in May 2001.

CONTEXT

'Caring for those in need within the community' is one of the County's key priorities as identified in the County Strategy. Partnership with users, carers and other agencies, and involvement of service users and carers in planning, delivery and evaluation of services, are seen as key in ensuring consistently high standards in all areas of activity.

The demands for social care services will continue to increase while resources remain limited. We therefore have to continue to ensure that the services we provide and commission are run as efficiently and effectively as possible. Performance against all of the targets we set will be measured and managed to ensure continuous improvement in the standards we achieve.

The traditional boundaries between Social Services and the Health Service are becoming blurred and increasingly irrelevant. We will continue to develop our partnership approach to provide seamless services across the whole range of care needs while exploiting further opportunities for improving efficiency and improving care standards.

The review contributes to the County Council's 7 areas of focus by addressing issues of social inclusion, neighbourhood quality, improving organisational effectiveness and supporting individuals in need.

It is part of the wider 3 year Best Value Review programme for Older People's Services which has considered Delayed Discharges, Home Care and Day Care Services. The sub review on Carers also part of the programme is due to report its recommendations shortly. The focus of this sub-review is our current care management arrangements. It examines these arrangements both its strengths and

FEBRUARY 2004

weaknesses, in order to recommend clear actions with specific targets, roles and responsibilities for service improvement, both in the immediate and longer term.

The Best Value Review will assist in identifying ways in which we will better meet our priorities of:- matching services to people's needs, and assisting as many people as possible to remain living in their own home.

PRINCIPLES OF BEST VALUE

The central purpose of a Best Value Review is to make a real and positive difference to the service people receive from their local authority.

The review has been informed by other major change projects and management action plans, which have subsequently arisen during the course of the review and progressed in parallel to it. These activities in turn will themselves be informed and influenced by the outcomes of this review.

These allied key activities and change projects include :-

- Management Action Plan for Commissioning and Contracting Older People's Services
- Care Management – The Users Perspective (Members Project December 2002 – April 2003)
- Contact Centre developments and the business processes redesign supporting improved access to services
- E-government projects – Domiciliary IT System Development, Adult Information System development
- Implementation of Single Assessment Process
- Implementation of Fair Access to Care Services, Help Desk Review, and NHS Continuing Care Eligibility Criteria, Delayed Discharges and Reimbursement Guidance and protocols

The work on these key areas of activity continues. This will be linked to the Improvement Plan of the BVR, to ensure shared learning and best use of resources by avoiding duplication of effort.

The review has followed the methodology of CHALLENGE, COMPARE, COMPETE and CONSULT in seeking to promote continuous improvement and to ensure a good quality sustainable service for vulnerable people in West Sussex.

Summary of Key Findings and Recommendations

Five key objectives were agreed for the BVR and below is a summary of the findings and recommendations against each.

1. To review our care management arrangements for their content and approach in respect of the requirements for equality, non discrimination and diversity; and the principles of person centred care, consistency and fairness.

The BVR working group worked through the department's Equalities Steering Group, the County Accessible Services Team, the Care Management Process and Documentation Review group and the Help Desk Review group. Staff views were canvassed through focus groups and questionnaires. User and Carer views were obtained through questionnaires and interviews and membership of the Working Group. An analysis of complaints and compliments was undertaken. Stakeholder Challenge and Consultation workshops were held. We compared our performance with that of other similar authorities through the Performance Framework reporting mechanism, exchange of documentation and visits. The standards developed by the Department of Health for accreditation of assessment tools for Single Assessment available on the market, provided an opportunity to test our competitiveness.

SUMMARY OF FINDINGS

We achieved Level 1 of the Local Government Equality Standard and have improved our care management processes and documentation during the course of the review, simplifying the processes, reducing the paperwork and interfacing these with the Single Assessment Process, a more person-centred approach.

We are increasing the number of people receiving direct payments and are currently working on an initiative to support improved access for older people to Direct Payments to further promote independence and choice.

Further work will be required on improving and integrating health and social care assessment processes for more timely hospital discharge, developing a common risk assessment tool and providing alternative formats to current documentation to support self assessment for a wider range of people who use our services e.g. those with a sensory impairment. This work is already being taken forward through the implementation of Reimbursement protocols and Single Assessment Process.

The number of older people receiving a statement of their needs and how these will be met is above that of similar councils and continues to rise. We exceeded our year end target by 5% and are expecting further improvement in 04/05 to reflect an improved person-centred approach to care planning.

We need to continue to improve our performance for completing reviews and this reflects the position in most authorities; to increase the timeliness of our service response, which is below average for our comparator group; and to improve access for ethnic minority and specialist groups.

FEBRUARY 2004

There appears to have been no major shift in the number of people eligible for Social Services support following the implementation of Fair Access to Care Services (April 2003). A review of activity April to June 2003 compared to that from April to June 2002 indicated that:-

Proportionally more adults who approached us for assistance in April – June 2003 received an Initial Assessment of their needs than did those in 2002. Of those who had an Initial Assessment proportionately more either received immediate services or had a further assessment followed by services in 2003 than did those in the same period in 2002. Evidence though limited, would therefore suggest that a fair and consistent approach to the application of eligibility criteria, a proportionate response to assessment and a more preventative emphasis are all key elements of our current Care Management arrangements (N.B. – although this information related to all Adults (18+) who contacted us for assistance during the period it should be noted that older people accounted for 85% of the total contacts).

Access to assessment and care services will need to be audited on a regular basis to ensure we have appropriate systems in place to support fair and timely responses to the range of presenting needs.

The need for a process re-design for Help Desks was identified during the course of this review and is now being addressed with support from the Corporate Business Change Managers who will link this work with that of the Contact Centre Project.

Efficiency and information sharing was found to be inhibited by poor IT support for the Care Management process both in the Areas and on the Hospital sites. This will be addressed through the implementation of a new Adults Information System in Social and Caring Services.

Information sharing with health, essential for integrated service provision for older people, will be addressed in part through the Person-held record, as part of implementing the Single Assessment Process. However, information sharing can only be fully effective if it is supported by integrated IT systems and electronic records across health and social care. Time-scales for this are unclear.

The Stakeholder Consultation reported users experiences to be that some reviews seem to be done to cut services rather than to review/re-assess needs; that some people seem to be 'over' reviewed e.g. by individual service providers as well as by care managers; that there are some concerns about a lack of objectivity and a reluctance of users and carers to voice concerns or complaints when care plans are reviewed by a provider of services supplied, in case this impacts adversely on services being provided to them. More support and time to prepare for and understand the assessment and reviewing processes was required (e.g. time-scales for decisions, roles and responsibilities of different professionals; who will see the information, how users and carers can contribute). The need for improved understanding and availability of advocacy support and more confidence/improved arrangements for making comments, compliments and complaints were also identified. Clearer, more helpful advice on alternative sources of help when Social and Caring Services are unable to directly assist i.e. person does not meet eligibility criteria, was requested.

FEBRUARY 2004

As part of the review a File Audit Tool was developed and tested at two pilot sites by peer Team Managers which resulted in some minor amendments. No notable gaps were identified and the auditors reported that the tool was user-friendly and straightforward to use. They also advised of the need for a process and preparation briefings for auditors in the planning of future audits.

An analysis of compliments and complaints for 2002/03 revealed that 58% of compliments by Older People relate to "conduct of staff". This reflects a professional approach by our staff which is valued by Service Users. 64% of Adult Services Complaints related specifically to Older People's Services. Of 118 complaints received for Adult Services, 22 related to Assessment, 11 to appropriateness of services, 14 related to day-to-day arrangements, and 12 to management of services i.e. approximately 50% related specifically to Care Management arrangements.

RECOMMENDATION

Develop and implement an action plan for delivering fairer access, and more proportionate, timely and person-centred assessments, care plans/packages and reviews.

<p>2. To review information provided for the public and partner agencies on eligibility criteria service availability and access criteria/statement of purpose</p>

CHALLENGE has been provided by SSI Standards and Criteria for Inspection of Older People's Services – Quality of Services for Users and Carers and from the Members Project on Care Management arrangements. Information leaflets and formats were COMPARED with those of other authorities. CONSULTATION has taken place through the Stakeholders Challenge and Consultation events and through multi-agency representation of the working group.

SUMMARY OF FINDINGS

Care Management publications exist for all stages of the process and are available on request in several formats e.g. cassette tape, large print, on the West Sussex web-site and include information on the department's eligibility criteria. Leaflets are given to Service Users at appropriate stages in the Care Management process by the Care Manager. They are also available at Social Services Help Desks, GP surgeries and Help Points for example. Several leaflets have been awarded the Crystal mark for use of plain English and have been commended by the Department of Health demonstrating our competitiveness.

The Fair Access to Care Services Steering Group, with stakeholder representation, including users and carers, is co-ordinating the development of service access criteria and Statement of Purpose for all social care services and is due to report April 2004. Single Assessment leads in Primary Care Teams are co-ordinating this process for health services.

FEBRUARY 2004

Better communication and co-ordination in respect of information on services and access would be helpful to older people in managing their own personal health and social care issues.

Information on older people's presenting needs and preferred services is not routinely collected and shared across agencies to inform strategic commissioning of services, or service developments.

Users' messages were: More publicity is required to inform older people of existing information about services – health and social care – and more advice and help in accessing other (i.e. non statutory services) would assist independence and choice. Training is needed for front-line staff (all agencies, health and social care) to enable them to be competent information providers. Information and learning are not systematically shared with key partners across or between agencies. Information on Care Management processes needs to be given at an appropriate time and not during times of crisis, or acute episodes of care. Clear information is required in respect of what information about users will be shared, when and with whom.

RECOMMENDATION

Building on the work of the 'Making it Happen' initiative and the West Sussex Health NSF Information Strategy, develop and implement a joint health and social care Information Strategy for Older People, which includes a Communication and Publicity Plan and involves all key partners in the statutory, voluntary and independent sectors.

3. To review the costs of Care Management

CHALLENGE comes from:- the prospect of a reduced financial settlement 2004/05, for West Sussex; the budget review ; requirements of FACS for reviewing to include re-assessment; DH promoting Choice, Equality and Responsiveness initiative; low number of Direct Payment users; requirements for assessments for Older People to commence within 48 hours and complete within four weeks by December 2004.

We have COMPARED our costs externally with those of other local authorities and internally we have COMPARED Care Management activity and staffing establishments of Care Managers across areas. However, as Care Management costs are calculated on the basis of staffing establishments, it has not been possible to estimate the costs of individual processes e.g. reviewing. Without further work on this our COMPETITIVENESS can not be properly assessed.

CONSULTATION has taken place through the Adult Managers Team meetings.

SUMMARY OF FINDINGS

Assessment and Care Management costs from the Personal Social Services Expenditure Return 2001-2002 indicate that West Sussex net total costs for older people, including older mentally ill, was 6,267 (£000). The highest costs were in Essex 14,954 (£000) and the lowest Durham 2,105 (£000). West Sussex was therefore ranked 17 out of 35 Local Authorities.

(The PSS Expenditure Return 2002-2003 identified that West Sussex Care Management costs rose to 11,381 (£000). However, no comparative data is yet available.)

N.B. Costs defined for the PSS Expenditure Return include field social work costs (including Hospital Social Worker), other Social Services staff based in primary healthcare settings, Occupational Therapy Services to older people and relevant support staff costs.

Information on completed assessments in respect of older people (over 65) for a year (July 2002 to June 2003) indicate a range from 45.20 to 58.18 per full-time social care worker equivalent, across the county.

Completed Carers Assessments range from 1.29 to 2.44 per full-time social care worker equivalent for the same period.

Users over 65 years receiving services range from 59.08 to 91.78 per full-time social care worker equivalent for the same period.

Users over 85 years receiving services range from 12.33 to 22.9 per full-time social care worker equivalent for the same period.

The apparent difference in activity levels is likely to be attributable to a number of factors, including vacancy levels, proportion of qualified to unqualified staff, and geographical size of area, for example. The number of variables would indicate that further work on analysing costs and activity should be considered.

RECOMMENDATION

Develop and implement a methodology to improve data, intelligence and understanding of our Care Management costs, activity, staffing profile and structural requirements to support more effective and efficient use of our resources, both human and financial.

4. To determine how well our Care Management arrangements inform Strategic Commissioning and the shape of future Service Developments

CHALLENGE has been provided through the SSI Standards and Criteria for Commissioning, the West Sussex Social and Caring Services Care Management Standards, and from members of the Stakeholder Sub Review Group.

Commissioning models and approaches have been COMPARED with those of other local authorities in the south east. West Sussex Strategic Commissioning Model is considered a best practice model in the region by the Department of Health, Social Care Group. CONSULTATION has taken place through a staff survey, a workshop and the Stakeholders Challenge and Consultation events.

SUMMARY OF FINDINGS

Operational staff are not well informed regarding roles and lead responsibilities for strategic commissioning and how it should work. This reflects the position generally for staff across the region, and probably nationally. The process for informing strategic commissioning of individual unmet need and preferred services is paper-based, bureaucratic and consequently rarely used. This leads to some operational staff feeling their contribution to the strategic commissioning process is not valued. Further it involves individual Strategic Commissioning Managers in individual and sometimes repeated extensive needs analysis processes which are time-consuming,

FEBRUARY 2004

and inefficient being highly resource intensive. This however will be resolved with the implementation of the Adult Information replacement system which takes into account the commissioning requirements and function of our care management arrangements. Until then difficulties will remain in collecting information to support strategic commissioning, which again reflects a similar position across the country.

In spite of this, the model developed in West Sussex for market analysis and management is highly regarded as 'best practice' across the region. Locally, the model has been invaluable in supporting intelligent commissioning in the residential sector and increasingly for domiciliary care too.

Further work needs to be undertaken in sharing commissioning intelligence with partners in health – acute and community sectors, Independent and Voluntary providers, including extra care housing providers; also in integrating or interfacing our commissioning plans with those of our key partners.

Users and other key stakeholders advise us that:- absence of regular reviews of care packages can lead to over-provision or inappropriate services being commissioned and delivered; too many financial and human resources are locked into traditional services – preventing innovation and flexible and responsive service developments; re-shaping services takes time; staff and public expectations have to be managed; services should run in parallel and development monies be ring-fenced until benefit of modernised service is understood, evaluated and made mainstream; outcomes of reviews should feed into commissioning process; user and carer - experience of service is not routinely checked or recorded but should be; focus is on budget control not on innovative commissioning and risk-taking. Using the budget as a brake not a lever is evident; multi Agency Steering Group for Better Services for Older People in Mid Sussex works well.

RECOMMENDATION

With health partners develop and implement local integrated/joint/interfacing Commissioning Plans for Older People's Services – in consultation with users and carers and other key stakeholders in the statutory, voluntary and independent sectors – to include provision of preventive, interim and alternative services for those waiting for choice.

<p>5. To review the Department's Care Management Training Programme for effectiveness, efficiency and cost in supporting implementation of the Care Management Process</p>

CHALLENGE was provided through staff focus groups, the County Care Management Group, FACS Steering Group, Adult Management Team and the Sub Review Group. Some COMPARISON was undertaken with other local authorities and through discussions with external trainers. COMPETITION was approached through a simple comparison of likely costs between in-house and external provider. CONSULTATION was through the Challenge and Consultation Stakeholder events.

SUMMARY OF FINDINGS

Care Management training opportunities are available currently in – Communication and Assessment Skills in Care Management; Monitoring and Reviewing (Commissioning to Providing – Bridging the Gap); Care Planning ; Promoting Equality in Care Management; Care Management for Support Staff.

Training is commissioned in consultation with operational managers on an annual basis, when courses are planned and budget setting takes place. Individual training requests from managers are met subject to available resources. Some Operational managers submit unit training plans (Summary Statement on staff training needs) to inform the Commissioning Plan/Annual Training Calendar. However, this process is not routinely or regularly followed which limits the usefulness of this approach.

Attendance at local training events specifically requested by local managers is high – 80-90%. Attendance at ‘Calendar courses’ attract variable applications. 11 out of 20 events were cancelled between June 2002 – July 2003. Courses are systematically evaluated both by participants and trainers to inform course re-design – content and method – as appropriate and this seems to work well.

Providing care management training in-house is considered to be cost effective, although it is acknowledged that the evidence to support this is limited. Further work needs to be undertaken on training costs to identify the value for money potential of this in-house service.

There is a process for managers to feed-back the impact of training on an individual’s practice development progress. However, this is not used in a systematic routine way to inform either training evaluation or staff appraisal.

There are currently no formal links with older service user groups to assist in informing training developments and programmes although there are plans to develop these. However, users and carers as trainers have worked with practitioners to develop improved awareness and understanding of carers’ issues. There is also a project in place to involve carers in staff training on a routine basis.

The Training Section effectively supports the national qualification and competency framework for social care staff. Work is in progress locally to identify specific competencies for care management and this will link both with national occupational standards and competencies for single assessment.

Overall, training is recognised as good and is valued by staff.

Users and other key partners advise us that:-

- Care Management training needs to be linked with Personal Development Plans, staff appraisal processes and regular supervision
- We should learn from user and carer experience and advice on improving training methods and delivery and involve them as ‘trainers’
- There should be more joint training with health, independent and voluntary sectors
- Care Management training should be compulsory

FEBRUARY 2004

- Training events should be better publicised
- Staff should be consulted routinely on their training needs
- Timing of training is important – needs to be better integrated with departmental priorities, activity and plans

RECOMMENDATION

With key partners in health and social care, statutory, voluntary and independent sectors, develop and implement an integrated health and social care training strategy that will support the Single Assessment Process – person-centred, patient focused care.

PRINCIPLES FOR MODERN CARE MANAGEMENT ARRANGEMENTS

QUALITY OF SERVICES FOR USERS AND CARERS – INFORMATION AND CARE MANAGEMENT

Older people and carers benefit from convenient and person-centred care management arrangements (Standard 2 – SSI Inspection Criteria Older People's Services)

- The public benefits from information that helps them to know how to go about getting social services
- Referral and initial response systems are consumer friendly for service users and carers
- Assessment and care planning arrangements:
 - promote independence and choice
 - are needs-led and timely
 - prevent avoidable hospital admission and facilitate timely hospital discharge and rehabilitation
 - operate out of office hours for emergencies
 - involve other professionals
 - are multi-disciplinary when they should be
 - offer opportunities for health and other agencies to play a role in care management
 - involve users and carers as active participants and contributors
 - include risk assessment and planning
 - address the full range of the social care needs of the local population of older persons, including mental health needs, physical disability and sensory impairment
- Care plans are:
 - comprehensive and address strengths as well as needs
 - given to service users and carers
 - in accessible formats
 - reviewed systematically to see whether users' individual needs have changed and whether services are providing the best outcomes

Risk Analysis

Risk is defined by the Audit Commission (Worth the Risk) July 2001, as the threat that an event or action will adversely affect the organisation's ability to achieve its objectives or to successfully execute its strategies. Risk management is a process of evaluating and addressing the impact of risk in a cost effective way.

The Best Value Review identified the main risk as:- a limited ability and capacity to respond to the needs of users and carers in a proportionate, timely and person-centred way.

- Some users and carers experience significant difficulties in understanding and finding their way through our care management processes. Without access to timely information and advocacy support at appropriate stages in the process, standards for person-centre care and equality are unlikely to be met.
- Duplication of assessments, care plans and reviews persists. This is inefficient, wastes resources and distresses and frustrates older people and their carers.
- More people requiring assessment and care management as a result of demographic changes, FACS requirements (eligibility and reviews) and challenging performance targets.
- Performance improvement required in respect of the number of assessments completed and waiting times to first service provided. Improvement required on time-scales for assessment by December 2004.
- Lack of a risk assessment tool will impact adversely on consistency and fairness in application of eligibility criteria and the targeting of limited resources on those most in need, in the present and in the near future.
- Current care management processes remain bureaucratic and time-consuming pending implementation of Adult IT System. Some team structures also are not supportive of timely, proportionate and person-centred responses to assessment, care planning and review.
- Any increase in delays in completing assessments and care plans will lead to increase in delayed discharges from hospital and financial penalties.
- Inflexible services which are slow to modernise and are unresponsive to individual assessed need, preference, and diversity will impact on care planning to meet the full range of social care needs of the local population.

FEBRUARY 2004

- Inability to meet Level 2 of Equality Standard for Local Government (develop needs assessment and plan – for individuals and community) both for representative and parity targets.
- Increase in care management costs (implementation of FACS, demographic changes, increase in unit costs of some services owing to delegation of review function to providers of services).
- Workforce development needs for appropriate skill mix and competencies to deliver more integrated and person-centred assessment and care planning arrangements (Single Assessment, Fair Access to Care Services, Direct Payments).
- Limited capacity to meet SSI Care Management standards for:- convenience, timeliness, inclusivity, fairness and responsiveness to individual needs, preferences and ethnic diversity.
- Limited management information on comparative care management activity and performance across the county. The result is a lack of transparency and clarity about local/area performance and responsiveness to user needs. It is a constraint for intelligent allocation of resources both human and financial. This also will inhibit informed development of local improvement plans, and therefore risks limiting our overall performance improvement.
- Lack of IT to support care management processes restricts the sharing of information across social care teams, and functions and between health and social care, which is essential to deliver right care, right places, right time.
- Lack of an audit and monitoring process for care management reduces the ability to measure our effectiveness, efficiency and 'best value' in our arrangements.
- Absence of an evaluation process which includes routine user and carer feedback also inhibits the evaluation of outcomes and the effectiveness of our interventions.
- Management Action plans from allied projects and other BVR Improvement Plans are not formally linked. This risks possible duplication of effort and resources.
- Impact of a reduced financial settlement 2004/05 and possible outcomes of local budget review will need to be taken into account in any improvement plan.
- Pace and size of modernisation and change agenda impacts on staff morale and recruitment and retention.

GAP ANALYSIS

The BVR working groups identified the following gaps which need to be addressed:

- A strategy for improving:- fair access, a proportionate and timely response to request for help, a person-centred approach to assessment and care planning
- A strategy for user involvement both in individual assessment and care planning and in commissioning and developing new services
- A strategy for promoting independence, and diversity
- An integrated health and social care Information Strategy for Older People
- A detailed understanding of our Care Management Costs
- Joint local strategic commissioning arrangements and planning for Older People's Services
- Joint health and social care workforce development strategy to support integrated services for Older People

CARE MANAGEMENT ARRANGEMENTS
ALTERNATIVE METHODS OF SERVICE PROVISION
CONSIDERATION OF OPTIONS

OPTION	ASSESSMENT
1. The cessation of the service, in whole or part.	Not appropriate. Assessment and Care Management is a statutory function (NHS and Community) Care Act 1990; FACS Guidance October 2001; SAP Guidance January 2002.
2. The transfer or externalisation of the service to another provider.	Not appropriate. See above. However, some local authorities have put the Reviewing function out to tender. It would be helpful to take further legal advice on this.
3. The joint commissioning or delivery of the service.	Current work in progress with health partners, through implementation of the Single Assessment Process. Health Act Flexibilities likely to be applied to support single professional assessment for Overview Assessment.
4. The creation of a public private partnership, such as a joint venture company.	Not appropriate. Care Management is a statutory function which can not be delegated.
5. The market testing of all or part of the service.	Our Care Management model has been shared with a number of authorities who are developing or reviewing their own arrangements. However, the lack of IT to support our processes does not provide us with a model that meets modernisation requirements and which therefore is marketable.
6. The restructuring of the in house service.	We are further reviewing both our Help Desk (Assessment and Care Planning) and Reviewing functions. The findings of these parallel reviews will inform any restructuring of Help Desk arrangements and Care Management Teams, both in Hospitals and in the areas.
7. The re-negotiation of existing arrangements with current providers.	This links to No. 3 and No. 6 above.

CARE MANAGEMENT ARRANGEMENTS
ALTERNATIVE METHODS OF SERVICE PROVISION
CONSIDERATION OF OPTIONS

OPTION	ASSESSMENT
8. Call off contracts (where goods and services are used as and when required)	Not appropriate. Statutory requirement. Service constantly in use.
9. Transferring some responsibilities to the community or service user groups.	Individual users and carers and their representatives are already involved in Reference Groups, User Consultation groups, reviews and service planning developments both locally and across the county. However, there could be more involvement in self-assessment, reviews, advocacy and training of care managers.
10. A mixture of making and buying.	In place through direct services, voluntary services, (ICIS) and advocacy service and health occupational therapists.

BEST VALUE REVIEW (CARE MANAGEMENT) PERFORMANCE IMPROVEMENT PLAN

RECOMMENDATION	OUTCOME	STRATEGIC LEAD	CONSTRAINTS/ COMMENTS	TIMESCALE
1.1 Develop and implement Action Plan for 'Fairer' Access	<ul style="list-style-type: none"> • Improved access for wider range of people • User friendly response systems 	Head of Adult Services	<ul style="list-style-type: none"> • Equality Impact Assessments in progress • Help Desk Review and process re-design in progress • Links to Contact Centre 	April 2004
1.2 More proportionate and timely responses	<ul style="list-style-type: none"> • Facilitation of timely hospital discharge • Prevention of avoidable hospital admissions • User friendly response systems 	Head of Adult Services	Links to Help Desk Review and process re-design in progress	April 2004
1.3 Improved person-centred assessments, care plans and reviews	<ul style="list-style-type: none"> • Promotion of independence, choice and diversity • Active involvement of users and carers • Integrated health and social care assessments, care plans and reviews • Full range of health and social care needs addressed • Risk assessment and planning included • Care plans address strengths and needs • Care plans are reviewed systematically 	Head of Adult Services	<ul style="list-style-type: none"> • Single Assessment Process in progress • Process for self-assessment range of recording formats and risk assessment tool requires development • FACS reviewing process being implemented • Audit process to be developed • User involvement strategy required • Links to Adult Information System Project • Project management time and skills required to co-ordinate interfacing projects 	April 2004

RECOMMENDATION	OUTCOME	STRATEGIC LEAD	CONSTRAINTS/ COMMENTS	TIMESCALE
2.1 Develop a joint health and social care Information Strategy for Older People with partners including Independent and Voluntary Sectors	Public has timely relevant and accurate information in appropriate formats on how to access local health and social care services	Head of Adult Services Head of Resources West Sussex Older People Strategic Development Group	<ul style="list-style-type: none"> • Links to 'Making It Happen' initiative • National NSF Information Strategy 	September 2004
2.2 Develop Joint Service Directory and Service Access Criteria supported by IT with health, Independent and Voluntary Sectors	Staff and public have timely relevant and accurate information in appropriate formats on how to access local health and social care services	Head of Adult Services Head of Resources West Sussex Older People Strategic Development Group	<ul style="list-style-type: none"> • In progress. Within SAP Project, ICIS • Funding for IT support not in place 	October 2004
2.3 Develop and publish revised Care Management Guidance and Standards to meet requirements of Single Assessment Process	<ul style="list-style-type: none"> • Public and staff informed of SAP and the role of social care within the process • Users informed and supported to be active participants in the process 	Head of Adult Services Head of Resources	<ul style="list-style-type: none"> • Work in progress • SAP project within SCS to be established 	May 2004 1 st phase
2.4 Develop and implement an information sharing protocol for health and social care agencies	Appropriate Information sharing which supports person-centred care and integrated health and social care services	Head of Resources Head of Adult Services West Sussex Older People's Strategic Development Group	In progress – SAP Project/ Caldicot Guardians	May 2004 1 st phase
2.5 Develop and implement an IT Strategy to support information sharing across health and social care	Effective, efficient and timely sharing of information to support person-centred care	Head of Resources	<ul style="list-style-type: none"> • In progress • Links to National NHS IT Strategy • Links to e-government projects e.g. Adult Information System 	May 2004 1 st phase

FEBRUARY 2004

RECOMMENDATION	OUTCOME	STRATEGIC LEAD	CONSTRAINTS/ COMMENTS	TIMESCALE
3.1 Develop and agree process for data collection for Care Management and SAP activity	Improved intelligence about activity levels and performance	Head of Commissioning Head of Resources	SAP reporting requirements not defined. Within existing resources	May 2004
3.2 Map existing team structures, staffing profiles, and vacancy levels, location and activity levels	Improved understanding of structures and what works	Head of Adult Services Personnel Services	Project time to be identified	October 2004
3.3 Research, develop and pilot a tool/financial model and report findings	Ability to benchmark activity, and identify costs	Head of Resources Head of Commissioning	Research and Project time required	October 2004
3.4 Benchmark activity and costs by team, area and hospital site	Improved understanding of capacity to meet future demand and cost reductions	Head of Resources Head of Commissioning	Research and Project time required	December 2004

RECOMMENDATION	OUTCOME	STRATEGIC LEAD	CONSTRAINTS/ COMMENTS	TIMESCALE
4.1 Review local commissioning arrangements to include processes, staffing profile and structures	Benchmark for strategic, joint integrated and inclusive commissioning arrangements and capacity	Head of Adult Services	In progress. Project resource required	July 2004
4.2 Develop revised local joint strategic commissioning arrangements	<ul style="list-style-type: none"> • Integrated or joint commissioning arrangements • Wide stakeholder involvement and ownership • Best use of joint resources • Modern flexible and responsive services 	Head of Adult Services	Project time required	July 2004
4.3 Implement Financial modelling tool to support appropriate balance of services and budget control	<ul style="list-style-type: none"> • Appropriate balance of preventive, intermediate and long term services • Effective budget control 	Head of Adult Services	Project time required	April 2004
4.4 Develop and implement detailed and flexible budget profiles, monitoring and reporting framework	<ul style="list-style-type: none"> • Improved intelligence for budget and performance monitoring of individual schemes and service developments • Improved data to support evaluation of costs and to inform future intelligent commissioning 	Head of Commissioning Financial Services Head of Adult Services	Within existing resources	July 2004
4.5 Implement FACS Reviewing Guidance and SAP	<ul style="list-style-type: none"> • Reviews and assessments which identify preferred services, and user experience for future commissioning purposes 	Head of Adult Services	In progress Training and staff development time required	April 2004
4.6 Implement Adult Information System	Timely shared information on unmet need, preferred services and user experience to inform strategic commissioning	Head of Commissioning	In progress Training Staff development Project co-ordination required	October 2004

RECOMMENDATION	OUTCOME	STRATEGIC LEAD	CONSTRAINTS/ COMMENTS	TIMESCALE
5.1 Develop and implement a joint health and social care strategy and plan to support integrated services	<ul style="list-style-type: none"> • Single Assessment Process in place • Workforce development and Change Management needs addressed to support integrated services and modernisation agenda • Improved person-centred patient-focused care 	Head of Adult Services West Sussex Older People's Strategic Development Group	In progress through SAP project links to Workforce Development Confederation and Organisational Development	June 2004
5.2 Implement a mandatory training programme for equalities and diversity	<ul style="list-style-type: none"> • Equalities Standard addressed • Improved person-centred care • Improved access to services 	Head of Resources	Staff development time Training Resource required	October 2004
5.3 Develop and implement a financial model/tool to audit training costs	<ul style="list-style-type: none"> • Benchmark for in-house training costs • Improved intelligence on costs and value for money 	Head of Resources	Project time required	October 2004
5.4 Develop and implement a process for routinely identifying training needs for all staff (professional practice, change management, data management, use of IT)	Competent, flexible modern workforce	Head of Resources	Links to work on Performance Framework Staff appraisals and competencies	October 2004
5.5 Develop and implement a process for shared learning from best practice, national and local about 'what works'	Competent, flexible modern workforce	Head of Resources	Project time required	October 2004