

# Six Steps to Managing Demand in Adult Social Care - A performance management approach

## Executive summary

This paper, co-authored by John Bolton and Philip Provenzano, expands on IPC's earlier work, Predicting and Managing Demand in Adult Care ; here, IPC considered how Councils can deliver outcomes and manage demand and suggested that improving performance management of strategic objectives might assist in delivering the changes required. The earlier research argued that Councils ought to be able to systematically measure and monitor activities so that they understand whether they are delivering individual and service outcomes required to meet their strategic objectives.

Two features often missing from Councils' approaches to delivering social care are a clear strategy on managing demand and the analysis of data required to understand the impact of that strategy. This paper aims to assist with both of these tasks by advocating the need for clearly articulated strategic objectives and a systematic performance focus for six areas identified in the earlier paper as being critical to the way in which demand is managed by social care:

- 1. Managing demand through the front door of the Council** - How is the front-end of the service set up in relation to handling initial enquiries, and how many of these can be resolved by the staff who handle them?
- 2. Managing demand from acute hospitals** - How is the response from the acute hospital managed and what are the outcomes for older people?
- 3. Effective short-term interventions for people in the community** - How are the initial offers of help to people designed, and can they respond with short term help that may reduce or eliminate the need for longer term solutions e.g. access to re-ablement?
- 4. Designing the care system for people with long term needs** - How does the way in which we assist people help them gain opportunities for greater independence in the longer term. How do we assist people to manage their long-term conditions?
- 5. Developing a workforce to manage demand** - To what extent has the work force been commissioned/managed (trained) to deliver the best possible outcomes for citizens at all of these different levels?
- 6. Governance and management arrangements to sustain improvements** - How are managers in the authority and commissioned providers held to account for the delivery of the desired outcomes from the care system?

This latest paper explores each of these six areas in turn and offers suggestions about the level of performance which might be expected if demand is being effectively managed. It is intended to be a starting point for this approach and Councils will need to consider what works for them.

## Part one

Part one of the report considers the six steps to managing demand in more detail, for each one offering:

- strategic objectives which Councils may find useful to help set out their strategic direction for adult social care;
- a rationale (the evidence) for the approach to deliver the objectives;
- a set of measures (and suggested targets) to assist Councils in measuring their progress towards the identified objectives.

The approach draws on the work of IPC over nearly 30 years with a significant number of public care organisations to develop and improve their performance management arrangements.

**Step one** identifies the need to focus on the two 'front doors' for social care: public enquiries, including those from GPs and nurses; and acute hospital enquiries. Public enquiries for adult social care are usually made by phone or via websites and often by third parties. Enquiries can cover a range of areas many of which may not relate to adult social care. Councils must be equipped to respond to this range of contacts to effectively manage demand for adult social care. The report identifies how some Councils are able to resolve or signpost as much as 75% of social care enquiries at this first contact stage.

Mechanisms for measuring performance in this service include ensuring that a record of all enquiries is made to measure throughput to social care, or monitoring how many people who receive a formal social work assessment following initial contact. Such approaches may indicate how successful initial contact services are in correctly identifying and signposting enquiries.

**Step two** considers managing demand from acute hospitals, where the level of demand for social care services for those people seeking support is considerably higher than the level for those entering the system from the community. Evidence gathered suggests that a focus on well-defined, person-centred outcomes at this stage will help to manage the flow of people from discharges, reducing delays. Poorly defined support planning and rapid discharge processes might not be delivering real benefits to individuals and could be costing Councils more as the level of need may be greater at this point.

The report suggests that social care services provided at the point of discharge from hospital should focus on short-term support with a view to an assessment at a later point, ideally in a person's own home to ensure that services arranged are appropriate for their normal circumstances. Professionals from health and social care working together to assess needs and identify the right services can deliver the best outcomes for individuals. The primary aim should always be to help a person to return home.

**Step three** addresses effective short term interventions from the community and restates the key need to avoid assessment of a person's needs at a point of crisis. A period of activity such as reablement or other support for recovery from a crisis may allow more people to remain at home, an outcome a large number of people seek. Health and social care professionals working together may help to avoid unnecessary moves into residential care.

The report further notes that even a small amount of support may actually hasten the need for more help; for example, in the case of older people who may be experiencing social isolation rather than requiring social care intervention. Evidence for this approach is provided from both mental health and the LGA Adult Care Efficiency Programme.

**Step four** addresses the design of the care system for people with long term care and support needs and notes the importance for everyone within the formal care system of having a care plan which seeks to maximise their opportunities for independence. The report notes that earlier approaches to assessment have focused on what people are unable to do rather than considering what they are capable of and their potential, and points out how some Councils which take this focus reduce costs and demand.

Promoting independence and reduced dependency can benefit both individuals and Councils, as can support such as psychological support for people coming to terms with a new disability. The report notes how institutional settings such as extra care housing can be unintentionally created to promote dependency or intentionally to encourage independence. Similarly, the delivery of certain types care can also help to develop dependency.

The report also mentions how advances in assistive technology can help an increasing number of people in all groups to manage conditions.

The importance of the annual review of services users and the services they receive is highlighted. These should not just be a check on how things are going. Instead they should consider the help that is being offered and how this contributes to retaining or developing independence. A support plan should focus on outcomes for the service user and how these may be facilitated by the provider of care.

**Step five** addresses the issue of the social care workforce, an area which it is noted was not covered in the earlier paper. Funding pressures have affected training and development of staff despite there being more people working in the sector than ever before. Adequate training and rewards are needed for care staff, although the report acknowledges the financial challenges.

**Step six** highlights the importance of governance and management arrangements to sustain improvements. Clarity of vision, support of elected Members, senior Council leaders, partners and citizens are required to deliver change. This can be achieved through regular forums, team working across organisations and good performance management arrangements.

## Part two

Part two of the report recommends that, as well as objectives, measures and monitoring and evaluation arrangements, Councils consider their performance management culture. The report offers a set of models including one for performance evaluation based on the principle of continuous improvement, and one for developing a performance management culture. A checklist is also provided for organisations to consider whether they have the evidence to deliver this.

## Appendix

The report includes an appendix which brings together the 10 objectives and 24 indicators for an effective performance management approach to understanding the local impact of the six steps.