



CIPFA Early Intervention, New Approaches and Efficiencies Benchmarking Club 2017

Welcome

Welcome to the CIPFA Early Intervention, New Approaches and Efficiencies exercise for 2017

Please complete this form and return it by 29th September 2017.

If you have any queries contact Rolake Odebunmi on 020 7543 5849 or Rolake.Odebunmi@cipfa.org or another member of the benchmarking team on 020 7543 5600 / benchmarking@cipfa.org

Scope of the exercise

The questionnaire covers a wide range of topics such as early intervention, reablement and the structurof social care teams. The aim is to cover topics of interest that fall outside the scope of our Residential & Nursing and Self-Directed Support clubs. Cost and activity figures usually relate to 2016-17 however please answer 'general' questions with your current practices.

Club Timetable

- Questionnaire Deadline:
- Draft Reports Issued:
- Amendments Deadline:
- · Comparator Request Emailed:
- · Comparator Request Deadline:
- Final Reports Issued:
- · Additional Feedback Issued:
- Review Meetings:

29th September 2017

27th October 2017

3rd November 2017

3rd November 2017

10th November 2017

24th November 2017

15th December 2017

January 2018 / February 2018





Arrows are used to in Veate a

hyperlin, to a

on ferent part of the questionnaire.

Go To Guidance –

(%)

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Help/Guidance links

link to the guidance for the question. Here definitions, explanations and examples are given.

"Go To Guidance" is a

3569 / aidan.rawlinson@cipfc_irg.uk

Drop dow

Tridicates a drop down list.

44	Age at 31/12/10	Male/Female	
)7/2007	3	Male	
)5/2002	8	Female	
)9/2005	5	{ Select }	
	na	{ Select }	
		C C - L - + 3	

Double click on the cell to show the list. (Please note that you can simply overwrite these cells as normal.)

Guidance Sheet

Contents					
Sheet	Purpose	Go to:	Guidance	Sheet	
Welcome	Welcome / Timetable / Features				
Guidance	Guidance				
Part A	Data Entry sheet				
Part B	Data Entry sheet				
Part C	Data Entry sheet				
Submit	Our details / Your details / Submissi	on			

Guidance

General:

- {Select} indicates a drop down list.
- We hope most questions will be clear to all members. If you are unsure please do not besita a to contact us either by phone or e-mail.
- Text Questions:

These questions use standard entry cells. Entry cells can display and print up to 1.24 cm, acters but longer responses will be saved into our database. Where possible please try to say within this limit. To add a line break press Alt+Enter when within the cell.

If you have entered text in a cell and wish to amend it, please click on the cell and press F2

This will allow you to add/remove text without starting from scratch

6. Social Care Activities

Go to Questions



Cost details (£'k): Please enter all costs in thousands

We appreciate we it might be complicated to provide the factual squres for this table. In this case, please use the best estimate of the costs for each category

SSMSS (Social Service Management and Support Pervice) / Overheads

Identify the amount of overheads you would expect apportion to the category using the methodology you used in the ASC-FR this year.

Please look at the following classifications or Orecheards. Please note that this is a guide rather than a definitive list.

Property costs relating of aministrative buildings

Strategic / Policy costs

Shared Service Ce. tres / Contact Centres

Communications

Members Service

Pension 1 tan

Audi

egal

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ICT (Include the direct IT costs plus full central recharge, I.T. maintenance software, hardware purchase and maintenance, software purchase and upgrade, other IT costs, software licences, IT internal hardware charges, IT internal software charges)

Property costs relating to direct service provision

Management overheads

Business Support

Commissioning costs

Everything else not included in the above categories (e.g. supplies & consumables)

Adjustments:

Where the total gross cost does not match your current best estimate for the ASC-FR figures for 2016-17, please make an adjustment to bring this to your current estimate.

Staff – FTE:

Please provide the FTE number for each category (use your judgement to assign staff to the headings given).

7. Health and Social Care Integration

Go to Questions



According to the paragraph 55 of "The Integration and Better Care Fund: planning requirements for 2017-19" (see www.england.nhs.uk/wp-content/uploads/2017/07/integration-better-care-fund-planning-requirements.pdf), the health and social care partners in all areas are required to work together to implement the High Impact Change Model for Managing Transfers of Care. The model has been developed by the Local Government Association (LGA) together with strategic system partners and it outlines 8 individual changes to manage patient flow and discharge. It should be used as whole-system change that requires leadership and culture changes to enhance integration between health and care partners.

For more information, please see https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model.

Moreover, a National Support Offer has been developed by Better Care Support Team, the LGA and the Emergency Care Improvement Programme to offer bespoke support to local systems. For more information, please click https://www.local.gov.uk/sites/default/files/documents/HICM%20BCF%20condition%20and%20national%20offer.pdf.

In this section of the questionnaire, please select the level of progress for each category in the integration who ther health and social care partner as detailed in the High Impact Change Model by the Local Government Association

(https://www.local.gov.uk/sites/default/files/documents/25.1%20High%20Impact%20Change%20mod_\%20CHIP_05_1.pdf).

12. Telecare/Telehealth

Gr to Qres ions



Please only include here cases relating to clients who meet your 'Eligibility Criteria' and when telecare is funded by adult social care. We would not expect to you to include items such as 'pendant and 'here as they would normally be handled by a different department and to a much wider user base.

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1. Early Intervention

(a) Signposting	
What signposting procedure does your authority have?	Yes/No
Contact centre	{ Select }
Walk in centre	{ Select }
Follow up email / call	{ Select }
Duty worker	{ Select }
Information portal	{ Select }
GPs	{ Select }
Health Centres / Hospitals	{ Select }
<u>Voluntary Organisations</u>	{ Select }
None	{ Selected
Other Social Care	
Other Health	
Other Health	
What procedure does your authority have for following up on the outcomes of signposting?	3
	Yes/No Follow up
Follow up email / call	{ Select } { Select }
Steering groups	{ Select } { Select }
Review meetings	{ Select } { Select }
Contract monitoring	{ Select }
Surveys	{ Select } { Select }
None	{ Select } { Select }
Other - specify	
Have you observed positive effects of signposting for which you can provide evidence?	
What evidence do you have to support your observed positive effects?	
How do record the outcomes of signposting?	
· · · · · · · · · · · · · · · · · · ·	
──	

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Support workers One off equipment None Other - specify Have you observed positi Prevents ongoing support	Support to Maximise Independence . ve effects of time-limited support?	Yes/No { Select } { Select } { Select } { Select }	Funded by { Select } { Select } { Select }
Support workers One off equipment None Other - specify Have you observed positi Prevents ongoing support		{ Select } { Select }	{ Select } { Select }
One off equipment None Other - specify Have you observed positive prevents ongoing support	ve effects of time-limited support?	{ Select }	{ Select }
None Other - specify Have you observed positi Prevents ongoing support	ve effects of time-limited support?		
Other - specify Have you observed positi	ve effects of time-limited support?	{ Select }	{ Select }
Have you observed positi Prevents ongoing support	· /e effects of time-limited support?		•
Prevents ongoing support	ve effects of time-limited support?		
5 5			YE IN
More/improved independe			{ Select
more/improved independe	ence for service users	A	Select }
Social inclusion/ better co			{ Select }
Decreased waiting lists			{ Select }
Increase in employment			{ Select }
None			{ Select }
Other - specify .		10.	
Data analysis Surveys Individual feedback Contract Monitoring None Other - specify			{ Select } { Select } { Select } { Select }

2. Support for Carers

What services / initiatives do you have to supp	port carers?		Yes/No
Advice / Information			{ Select }
Short Breaks / Respite			{ Select }
Carer Assessment			{ Select }
Emergency Funds Initiatives			{ Select }
Training			{ Select }
Counselling			{ Select }
Advocacy			{ Select }
Telephone support			{ Seic t }
Online information provision (e.g. care's hub)			{ select }
Payments to third parties			{ Select }
None			{ Select }
Other - specify			
			7,
	31/03/2015	31/03/2016	31/03/2017
	No. £'k	No. £'k	No. £'k
Carers Allocation (excl. carers respite)		, ().	
Respite Allocation (carers and residential)			
Direct Payments			

3. Transition from Children's Services

(a) Policies & Procedures			
What care pathways do you have to track, fored st and uppor from childhood into adulthood?	ort individual service users and t	heir associated costs	Yes/No
Dedicated young adults team			{ Select }
Transitions database			{ Select }
Joint assessment (multi-agency)			{ Select }
Children Services providing adult Soc. Care information for	forecasting		{ Select }
Transition support plan			{ Select }
None			{ Select }
Other - specify			
Do you hale a sk -cific transition team?		[{ Select }
If σ , in which area?	{ !	Select }	
Do y u have a pooled budget?		[{ Select }
If so, what areas contribute to it?			
Adults social care			{ Select }
Children Services			{ Select }
Health			{ Select }
Education			{ Select }
Other - specify			

4. Prisons

Number of Prisons in your authority	
What was your Prison population at 1st March 2017?	
How many did you support?	
What was the cost?	
Who supports the care?	Yes/No
Adult Social Care	{ Select }
Health	{ Select }
Education	Selec }
Other - specify	
Who does the assessment?	{ Select }

5. Use of Voluntary/Social Enterprises/Non-Statutory Not for Profit Organisations

What is the total estimated value paid to voluntary organisations for care managed services?	2016/17 (£'k) 	2017/18 (£'k)
What is the total value of grants for non-care managed services paid to vota tary organisations?		



6. Social Care Activities

Go to Guidance -> The SALT/Finance return identifies a large area of expenditure relating to social care activities, but there are no attempts to record either outputs or levels of staffing. 31/03/2017 Number of: Net Service Users Staff Income expenditure FTE £'k £'k Assessment and Care Management Deprivation of Liberty Safeguards (DoLS) Client Affairs/Deputyship Financial Assessments Other Services .. Total .. Other SSMSS/Overheads Total Please describe below what is included in the "Other Services" line above Number of: 2017 Assessments Reviews Referrals



7. Health and Social Care Integration

Please see the guidance before completing this section.	Go to Guidance ->
Please self-assess how your local care and health systems are working now:	
High Impact Change Model categories	
Early discharge planning	{ Select }
System to monitor patient flow	{ Select }
Multi-disciplinary/multi-agency discharge team	{ Select }
Home first/Discharge to assess	{ Select }
Seven-day service	{ Se oct
Trusted assessors	{ S \lect }
Focus on choice	Select }
Enhancing health in care homes	{ Select }
Other areas	>
Joint commissioning	{ Select }
Learning disabilities	{ Select }
Joint equipment stores	{ Select }
Mental Health	{ Select }
Local Care Networks (LCN)	{ Select }
Reablement	{ Select }
How do you integrate? What have you done to integra e wit. Health Provider?	

8. Short Term Support to Maximise Independence (ST-Max)

(a) Short Term Support of Paximuse Ind	ependence (ST-Max)			
ST-Max Definition: Short Term to Maximi e In dependence include maximise the independence of the individual a				-limited and to
How is the authority's ST-Max provided?			{ Select }	
That is your gross cost for ST-Max provided in Is this jointly delivered with your local CCG(s).	,	Cost (£'k)	Weeks	Cost per Week (£'k) { Select }
Please briefly describe your impressions on ho services (e.g. reduced need for longer-term us on equipment/adaptations).		•		
				_
When do you assess the clients?			{ Sele	ect }

(b)	Rehabilitation and Reablement	
F	How are you involving partner organisations in your enablement process / reablement approaches?	

9. Domiciliary Care

Do you run an in-house o	domiciliary care service?			{ Select }
What is the average hou	rly rate for domiciliary care for:	- Internal providers	1	
(These figures are o	ollected in the Adult Social Care Finance	- external providers		QX
Please choose what the I	nourly rate includes	Personal Assistant	In-h u.	ery Care External Provider
Holiday pay		{ Select }	{ `elec }	{ Select }
Transport cost		{ Select }	{ seil t }	{ Select }
Rurality		{ Select }	{ Select }	{ Select }
Minimum wage		{ Select }	{ Select }	{ Select }
Regional Weighting		{ ! elect }	{ Select }	{ Select }
Living Wage		Select	{ Select }	{ Select }
Other - specify		{ Select }	{ Select }	{ Select }
Other - specify		{ Select }	{ Select }	{ Select }
Other - specify		{ Select }	{ Select }	{ Select }
For your externally comr spend made with them.	nissioned domiciliary care service pleter pro	vide the number of provic	ers, and the po	ercentage of
Core contracted pro	vider(s)			
Spot / Other provide	ers			
Please give details how t	he market h. 3 changed?			

10. Non-Transporal Methods

To what exten do customers receiving Direct Payments choose to urchas "non-traditional" (e.g. Day Opportunities) rather than "traditional" adult social care services? I case choose the services purchased	{ Select }
Health and Fitness	{ Select }
Leisure Activities	{ Select }
Education / Courses	{ Select }
Technology	{ Select }
Employ Carer / Personal Assistant	{ Select }
Other - specify	{ Select }

11. Community Equipment

Current Practice		
How is your equipment service provided?		
Not provided	{ Select }	
In-House	{ Select }	
Externally Provided	{ Select }	
Mixture	{ Select }	
Jointly delivered with Health Partners	{ Select }	
2016/17	Revenue Cap Expenditure Expend	
Number of items delivered		arca
Number people provided with equipment		
Cost of purchased equipment £'k		
Of equipment provided, what % was recycled equipment?	% 	
Of equipment purchased, what % relates to:	%	o o
Health needs		
Social care needs		
2016/17 Spend	X O	
Please give your 2016/17 Spend for this area	£'k	<
Spend from Local Authority		
Spend from Health Partners		
Total Spend		
Who is the host authority?	{ Select }	
Do you use internal staff other than Occupational Therapists	{ Sele	

12. Telecare / Telehealth

12. Telecare / Telefleatti	
	Go to Guidance ->
Please only include here cases relating to clients who meet your 'Eligibility Criteria' and where telecare is care. We would not expect to you to include items such as 'pendant alarms' here as they would normally different department and to a nich wider user base.	
2016/17	
How many items of the ecan equipment were supplied?	
What was the cost of his equipment (£'k)?	
What was the average cost per piece of this equipment $(\pounds'k)$?	
How many proplets you currently support?	
Ho hy people did you provide with equipment?	
What is he average number of items per person?	
Number of calls needing a telecare callout	
What is the average response time (in minutes) to a telecare call out?	
Current Practice	
Do you or your health partners provide telehealth services?	{ Select }
Please briefly describe your telecare and telehealth initiatives	

13. Better Care Fund

	20	16/17	2017/18
		(£'k)	(£'k)
ize of your pooled Fund - both capital and revenue (£k)			
ize of your minimum pooled Fund? (£k)			
umber of Partners in your pool?			
/ho is the host?	{ Select	3	
	\ Select	<i>s</i>	
o you have lead commissioner?			{ Select \
yes who is your lead commissioner			X
		016/17	2017/18
ow much of the pool is your authority receiving? (£k)	((£'k)	(£'k)
ow much of the poor is your authority receiving: (EK)			
pending on Adult Social care			
ther social care lines.		016/17 (£'k)	2017/18 (£'k)
Community Equipment			
Telecare			
Rapid Response/Integrated Crisis			
Reablement Services			
Bed-based Intermediate Care			
Early Supported Hospital Discharge Schemes			
Mental Health Services			
Other Prevention			
Other Social Care			
Other Social Care . Total Social Care		••	••
Total Social Ci. 9		<u></u>	
. Efficiencies/cuts and cost savings	5		
Reduction of pervices			
iven t. e driv to cut public expenditure, are there any ser	vices provided by the authority that	are being redu	ced to reduc
osts, e j. g. ants to third party organisations?			
Y			
Reduction of cost of services			

15. Health and Sustainability and Transformation Plans (STP)

C:- L C					(Co
Social Care Health					{ Sel
Health					ζ 36
Which STP area is yo	our organisation in?			{ Selelct	
What is the value of	the planned gap in you	r area in the current	5-year plan?		(£
Your top 5 priorities	/ key areas:				
	Top 1 -				
	Top 2 -				4
	Top 3 -				
	Top 4 -				
	Top 5 -				
Number of parties in	volved <u>in your STP:</u>				
LA					
CCG					
Other - specify					
Total					
			5		
		o ^y	5		
			5		

Submission Sheet

Our contact details:

If you have any queries, please do not hesitate to contact us:

Rolake Odebunmi

Data Analyst Benchmarking Team
T: 020 7543 5849 T: 020 7543 5600

E: Rolake.Odebunmi@cipfa.org E: benchmarking@cipfa.org

Your contact details:

Please check the following contact details we hold for your authority:

Authority	
Name of contact	
Title	
Telephone no	
Email	

If this information is incorrect, please e-mail benchmarking@cipfa.org

Please note for each exercise we require a single contact at each authority who vill receive the questionnaires and reports.

Submitting the questionnaire - Please submit 'y ve 29th September 2017

To submit the questionnaire please attach this file to an email addressed to BMDirect@.ipf= org.

This automated address processes fires only: please address any other queries to the named B normarking contact(s) given.

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