What we will cover...

- **Shared Ambitions:** Exploring the shared strategic ambitions of Adult Social Care and CLS and what we can learn from the data and findings so far.

- **Same data, different story?** How current data, used innovatively, has helped CLS better understand the impact of prevention, failure demand, changes in practice, quality in care and value.

- **A policy of value:** A look at how to extrapolate the economic value in our work to support business cases, benefits realisation and wider stakeholder buy-in.

- **A Question of Data:** An introduction to simple techniques to support greater data literacy and help everyone ask the important, curious questions of our data and measures that will drive real change and improvement.

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Section 1:

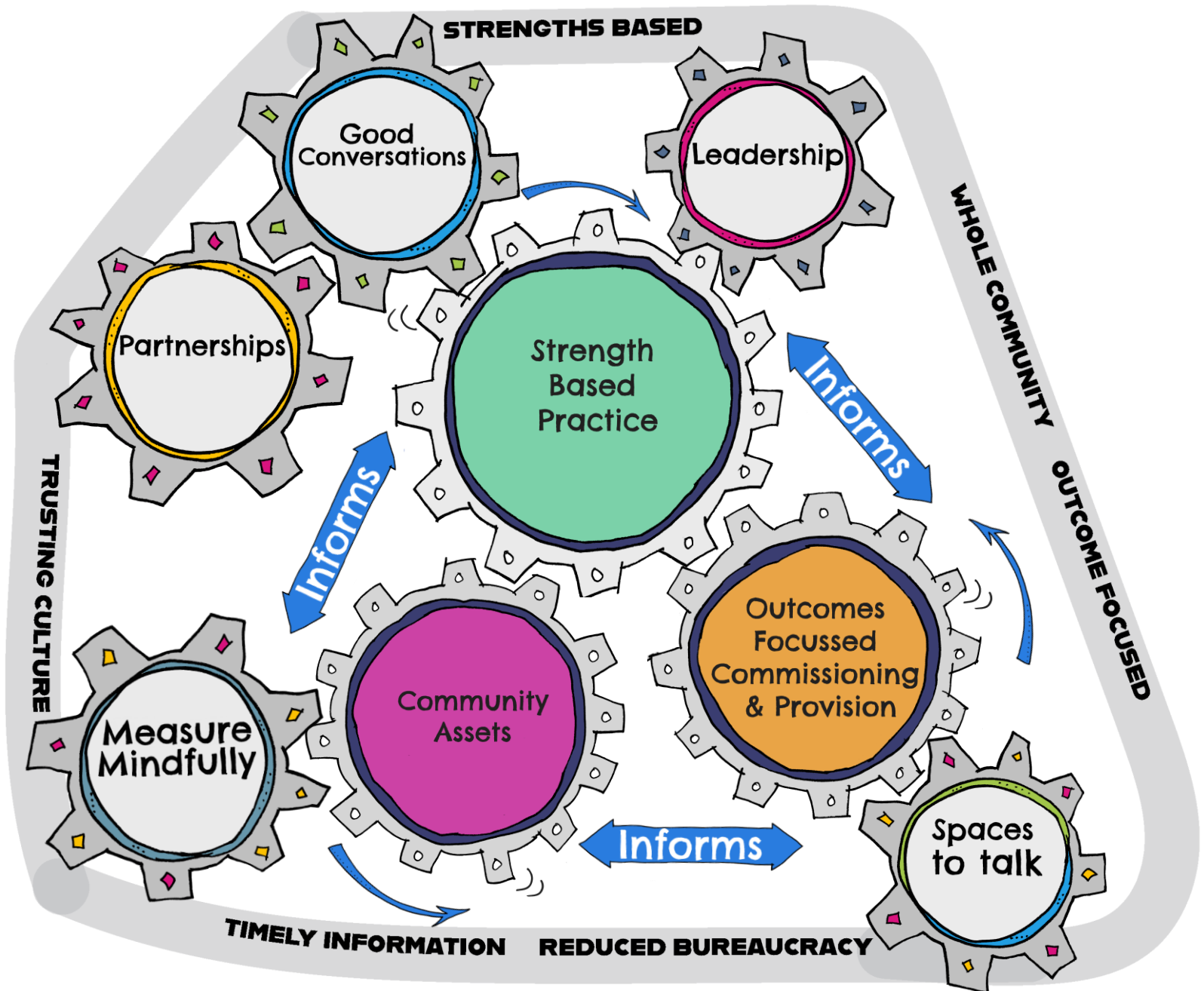Shared ambitions, and what we have learned from our work so far.

The Community Led Support 'cogs'

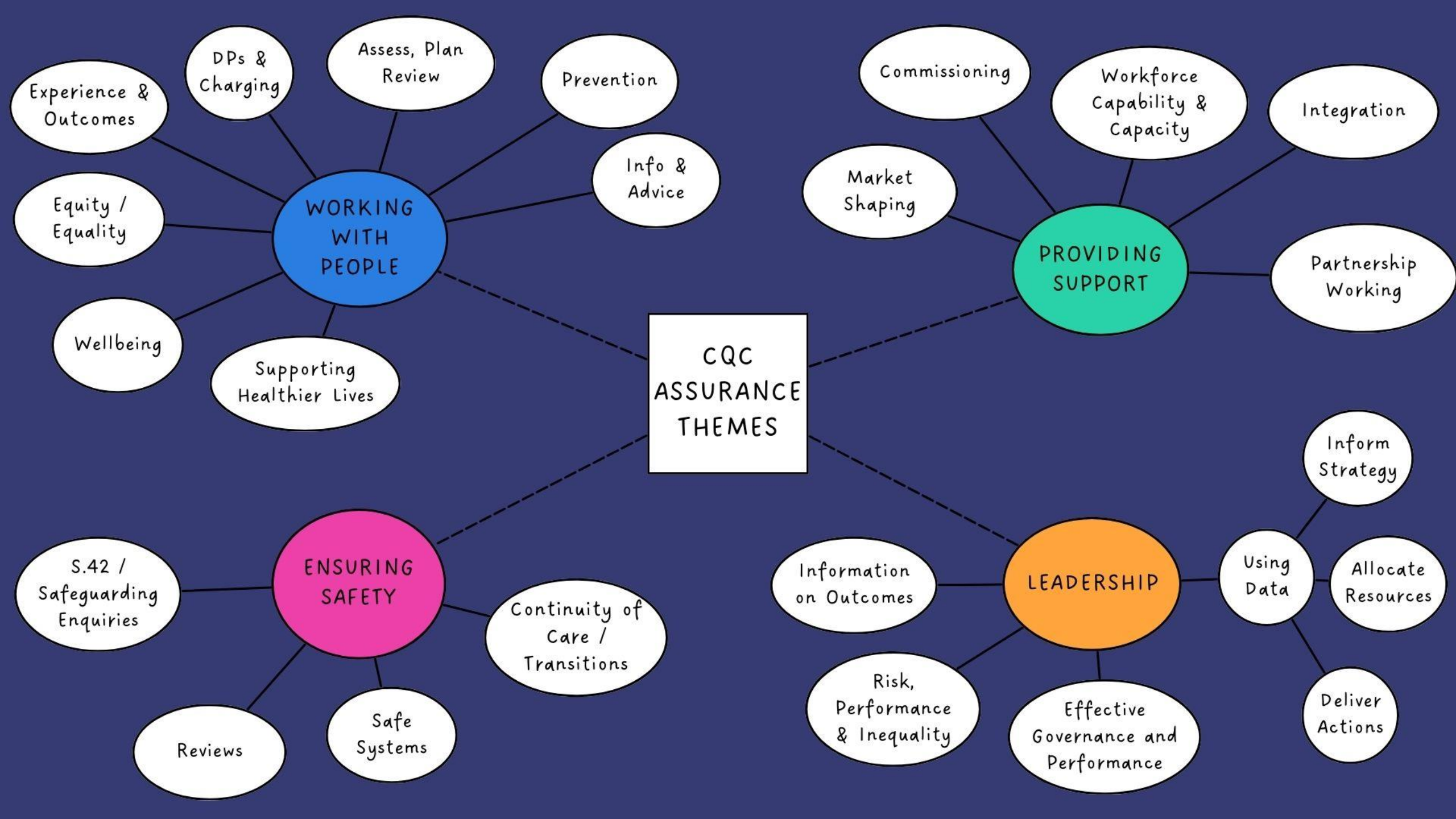Community Led Support
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CQC ASSURANCE THEMES

WORKING WITH PEOPLE
- Experience & Outcomes
- DPs & Charging
- Assess, Plan Review
- Prevention
- Info & Advice
- Equity / Equality
- Wellbeing
- Supporting Healthier Lives

PROVIDING SUPPORT
- Commissioning
- Workforce Capability & Capacity
- Integration
- Market Shaping
- Partnership Working

ENSURING SAFETY
- S.42 / Safeguarding Enquiries
- Continuity of Care / Transitions
- Reviews
- Safe Systems

LEADERSHIP
- Information on Outcomes
- Inform Strategy
- Using Data
- Allocate Resources
- Risk, Performance & Inequality
- Effective Governance and Performance
- Deliver Actions

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ARC Findings

Info & Advice

Prevention

Wellbeing

Healthier Lives

Assess, Plan, Review

Experience & Outcomes

Reviews

Commissioning

Partnership working

Workforce

Use of Data

Information on Outcomes

CLS reduced the percentage of care requests that received funded care c.7%

Sites with longer CLS input increases the proportion of non-funded requests signposted toward alternative sources of care (c.11%)

Leads to better quality of care for existing clients, as measured by the ratio of planned to unplanned care reviews c.8%

Is cost-effective as it does not substantially increase expenditure on long-term care

CLS Network Findings

Info & Advice

Prevention

Wellbeing

Healthier Lives

Assess, Plan, Review

Experience & Outcomes

Reviews

Commissioning

Partnership working

Workforce

Use of Data

Information on Outcomes

Reducing unplanned Reviews and the cost of responding to crises.

Improved experience of care and support
Improved stability in the care and support workforce

Improved relationships between provider and commissioners

Section 2:

Same data – a different story?

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DATA USE IN ORGANISATIONS

PROVE
- Inspection Data.
- End of Year Returns.
- Local Account / Annual Report.
- Dashboards / Scrutiny.
- Contribution analysis / Evaluations.

IMPROVE
- Baselining and Benchmarking.
- Improvement Plans.
- Business Cases.
- Project and Programme Plans.
- Modelling and Predictive Analysis.

FORM
- Day to day front line data.
- Waiting Lists / To do lists.
- Priority Actions & Activity.
- Caseload data, completeness & key actions.

INFORM
- Management reports.
- Aggregated Team data.
- Team Performance data.
- 1:1 & Caseload analysis.
- Team / Group Plan Reviews.
- Sickness / Productivity data.

Identification and agreement of relevant measures (1)

Potential Evidence / Measures

- Number of "No Further action" or signposting at front door.
- Number of immediate repeat requests for support (Within 6 weeks?)
- Economic value of delay to formal services / economic costs of community alternatives.
- Mean Age at entry into system.
- Economic value of delay to formal services / economic costs of community alternatives.
- Sustainability within the system shown through narrowing the gap between life expectancy and system entry .
- Narrowing the gap between wards / postcodes / lower-level super output areas, ethnicity, etc. entry ages.
- Mean Entry package of care size (hours).
- Rate of growth in care over time (hours/input).

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Identification and agreement of relevant measures (2)

Potential Evidence / Measures

- The economic value of difference in use of care between observed and baseline / counterfactual.
- Cost and complexity in review / planned and unplanned reviews, and consequences.
- A reduction in unplanned (crisis) reviews as well as increase in planned reviews is economical in terms of use of professional time and care.
- Links to rate of growth in package of care (above).
- Mean age at care change of location due to crisis or condition (e.g., end of life pathway, palliative care, Nursing and residential).
- Quality-of-Life indicators
- Self-reported improvements in safety, connectiveness, wellbeing, ability.
- Potential economic value of use of wider services.

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Section 3:

A Policy of Value

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Value of Interventions

The Value of Interventions Economic Evaluation of Case Studies

Community Led Support means people are supported to achieve better outcomes and lives are well-led, avoiding the need for a host of resources to manage the impact of crisis. The paradox of understanding the impact or value of effective interventions is this: if expensive consequences hadn't yet happened, and because of us don't happen, how can we measure them? Well, the fact is we can't...

...But we can do the next best thing, which is to look at what *DID* happen because of our involvement and compare it to:

1.   What was happening before we got involved; and
2.   What might have happened if we hadn't got involved.

When we add in costs of our work, we have all the elements to demonstrate the value as well as the impact.
A skilled practitioner in a curious conversation will be able to elicit key information about how things were, how they are, and how they might have been otherwise.

Value of Interventions

The Value of Interventions: Telling a tale of Impact and Experience. ....

Counterfactual Case – How things might have been:

Approach	Resource Required	Associated Costs
Assessment (Social Work)	3 hours staff time x (£47.00 x1)	£141.00
Assessment (Health)	3 hours staff time x (£47.00 x1)	£141.00
Support Package creation	3 hours staff time x (£47.00 x1)	£141.00
Formal Intervention – ongoing (Social Care).	18 months community support. @ 1 contact per week (£186.00 x 78 weeks)	£14,508
Average cost of service provision for people suffering from mental health disorders (NHS) **FISCAL**	£2,319pa (x1.5)	£3478.50
Average cost of service provision for people suffering from mental health disorders (NHS) **Economic**	£4,811pa (x1.5)	£7216.50
Review (Social Work)	3 hours staff time x (£47.00 x1)	£141.00
TOTAL		**£25,767.00**

Actual Case – How things are.

Approach	Resource Required	Associated Costs
Conversation approach	8 hours staff time x (£65.00 x1)	£520.00
Health Improvement Team	9 hours staff time x (£65.00 x1)	£585.00
Adult Health & Social Care Contact Team input	5 hours staff time x (£65.00 x1)	£325.00
GP Appointment and Time	3 hours (x £135.00)	£405.00
Bed (Furniture and Delivery)	£100.00 furniture + £100 delivery costs (staff, fuel)	£200.00
TOTAL		**£2035.00**

Additional Potential

Approach	Type	Associated Costs / Savings pa.
Return to Education, Training or employment	Fiscal Savings pa (£5,141.00 X 1.5)	£7,711.50

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Section 4:

A Question of Data

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A Leaders guide to Using Data

Tip 1:
Ask Questions!
- Who?
- How?
- When?
- What?
- Where?

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A Leaders guide to Using Data

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Tip 2:
Think Mushy Peas -
Not Beans (or Sheep).

Tip 3:
Make size a personal thing.

A Leaders guide to Using Data

Community Led Support
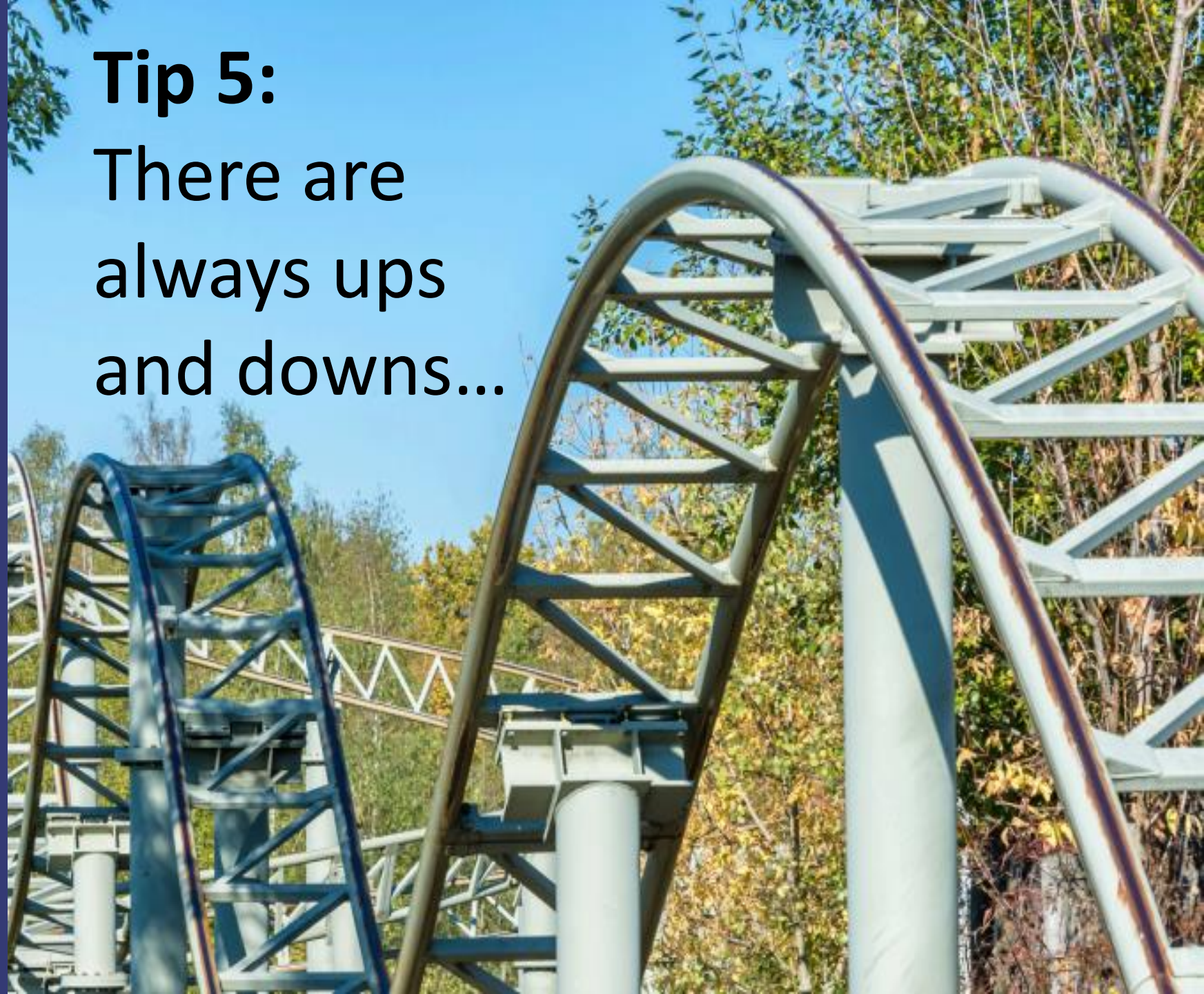an NDTi Programme

Tip 4:
Chance is always lurking.

A Leaders guide to Using Data

Community Led Support

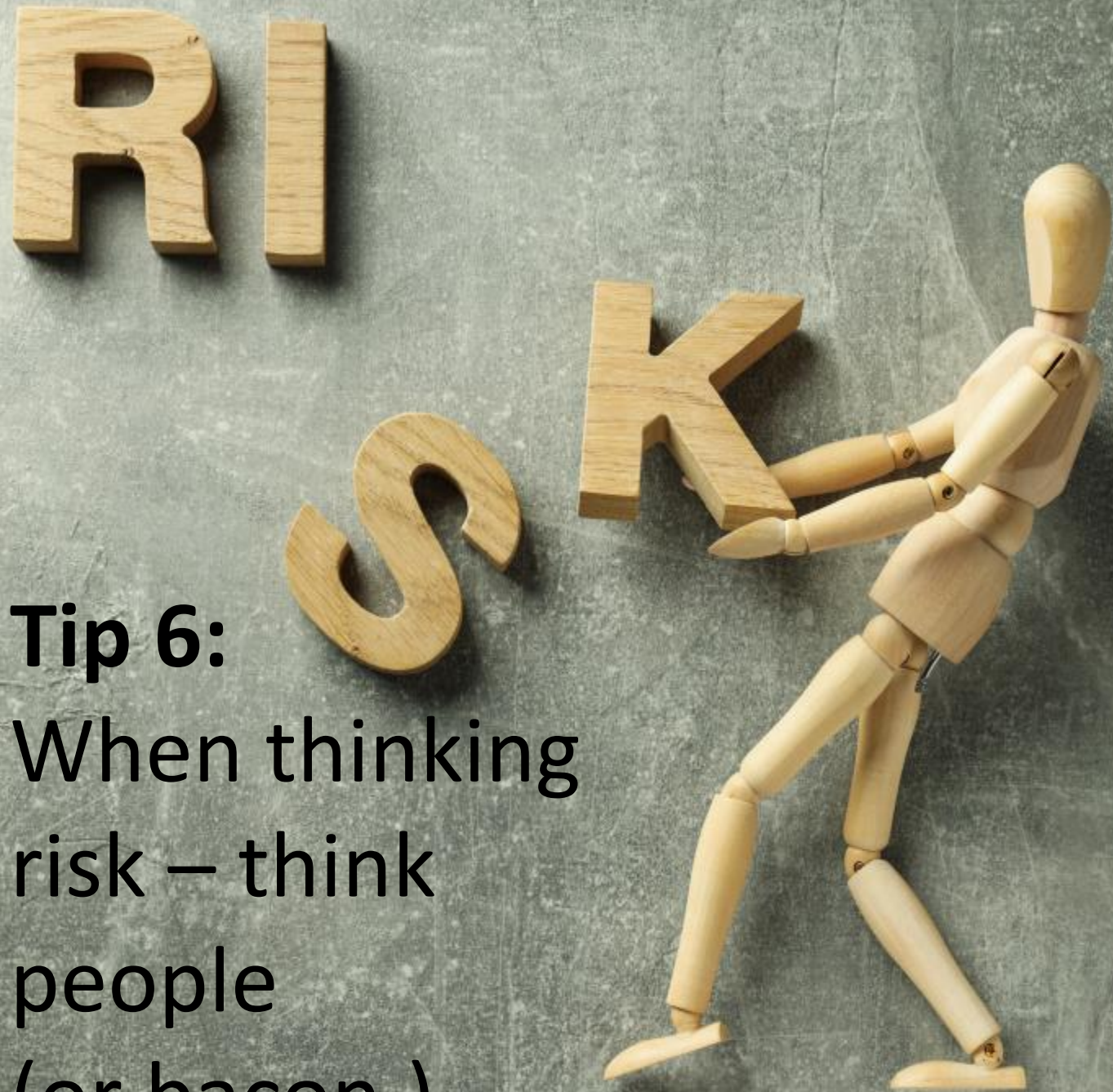an NDTi Programme

Tip 5:
There are always ups and downs...

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Tip 6:
When thinking risk – think people (or bacon.)

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Tip 7:
Easy Shocks and wayward Tee-Shots

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Tip 8: No data… no story

Tip 9:
Beware of "This causes that"…

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Tip 10:

Averages aren't average.

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1. Ask questions.
2. Think Mushy Peas, not Beans.
3. Make size a personal thing.
4. Chance is always lurking.
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Thank You!

NDTi

National Development Team for Inclusion