

#### Putting **People First**

Transforming Adult Social Care



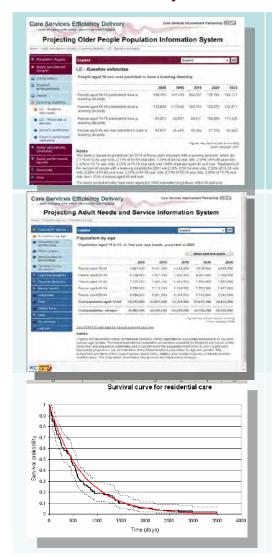
### **CIPFA Social Care Panel**

Mike Charnley-Fisher, CSED (October 2008)

Unofficial copy



### POPPI, PANSI & FLoSC



#### Projecting Older People Population Information

> POPPI 2.2 now out : updated and expanded

#### **Projecting Adult Needs and Service Information**

- Covers ages18-64 and Learning Disability, Physical Disability and Mental Health Needs
- A total of 20 new tables
- Available now

#### Forecasting Length of Stay and Cost

- Upgraded
- > TRACS interface available



### TRACS, PSS EX1 & Costs



#### Tool for Rapid Analysis of Care Services

- Version 3.3 just released : improved linkage to SWIFT, CareFirst and others
- More flexible graphs, updated Google® mapping



# Equivalent Quality and Performanc Internal versus External Toolkit Equivalent Quality and Performanc e Internal versus External Toolkit Equivalent Equivalent External Costs (retained costs)

#### Personal Social Services Expenditure collection

- Proposal to update PSS EX1 information to better reflect Putting People First
- Solution in development to facilitate better management information whilst reducing the burden of extraction and reporting

#### **Internal versus External Toolkit**

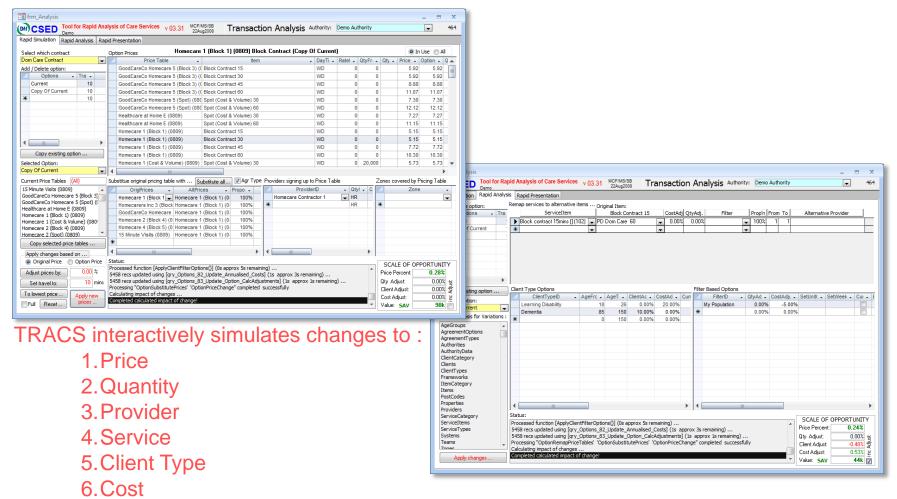
- Much improved documentation
- Can be applied to improving efficiency as well as understanding differences in costs

**Unofficial** copy

## What is the linkage with CSEDs Current Offering? Tool for Rapid Analysis of Care Services (TRACS)



TRACS is a free open source software product which links to care management systems for analysing, simulating and presenting social care and related data:



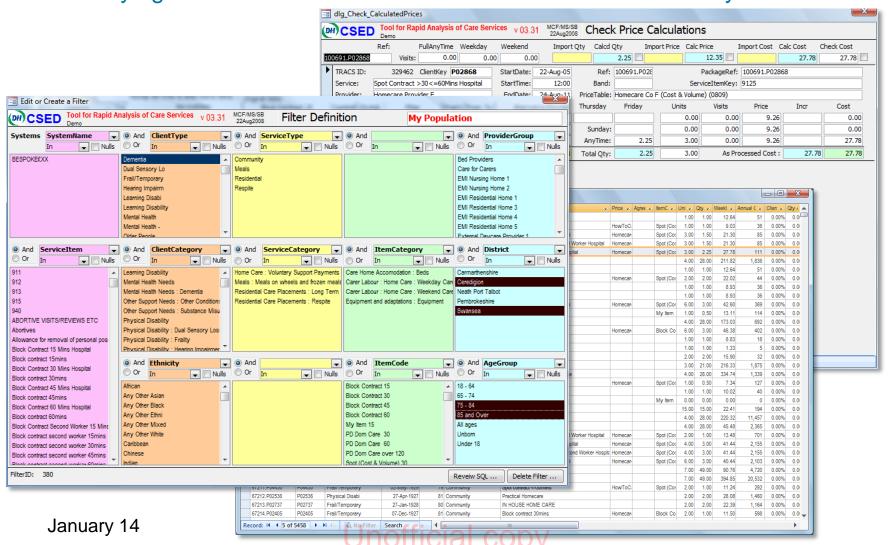
All based on the latest data from the host systider#s

#### **TRACS**

#### Selection by 'Filter' and 'Drill-down'



Any analysis and presentation view is able to be refined by a selection 'filter'. The underlying 'transaction' level details are able to be viewed at any time.

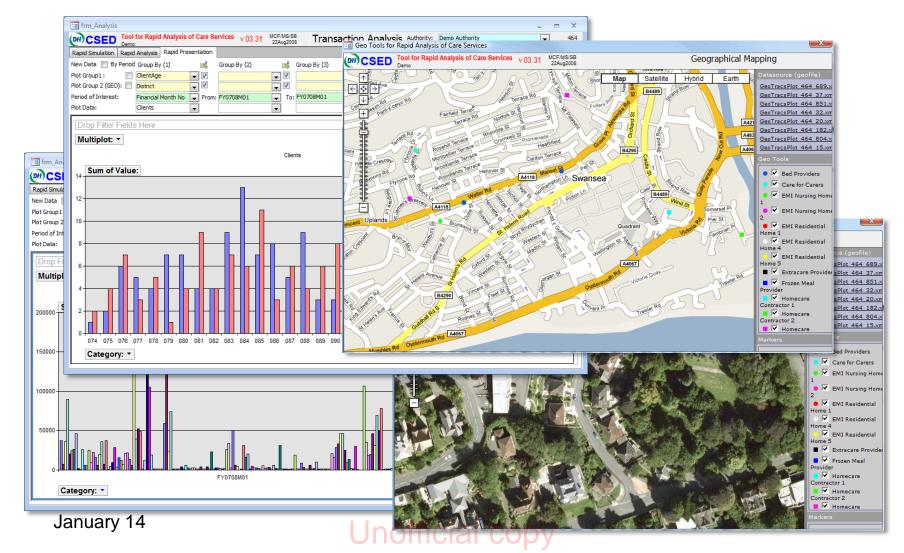


#### **TRACS:**

#### Transaction level tool able to aggregate



With TRACS you are able to interactively view any information at different levels of aggregation and plot it in different ways to see profiles, patterns, trends, etc.



# Aggregation

## TRACS is not the only solution – other excellent products



# The PSS/EX Challenge (as seen by CSED) To leverage the TRACS experience:

- to reduce the burden on councils for extracting consistent data
- to provide much richer management information for councils to use
- to help open the door for a wide variety of other analytical tools
- to influence standardisation of care management system configuration
- as a by-product, to provide better information for national benchmarking and central government decision making

Level of Analysis	Application	Example Tools	
Transaction Level (vast amounts of data)	Simulation of detailed transaction level change impacts (e.g. new pricing)	TRACS Locally generated spreadsheets	
Aggregated by Client by Provider by Month (optimum)	Trend analysis, strategy development, strategic needs assessment analysis	PI Benchmarks forthcoming CareTrak <sup>TM</sup> Spikes Cavell Observatory	
Aggregated by Service / Client Type	National benchmarking, policy decision support	Updated PSS/EX and related returns analysis Dr Fosters KIGS	



# Example 1 : CareTrak<sup>TM</sup> Sophisticated presentation, analysis and benchmarking software



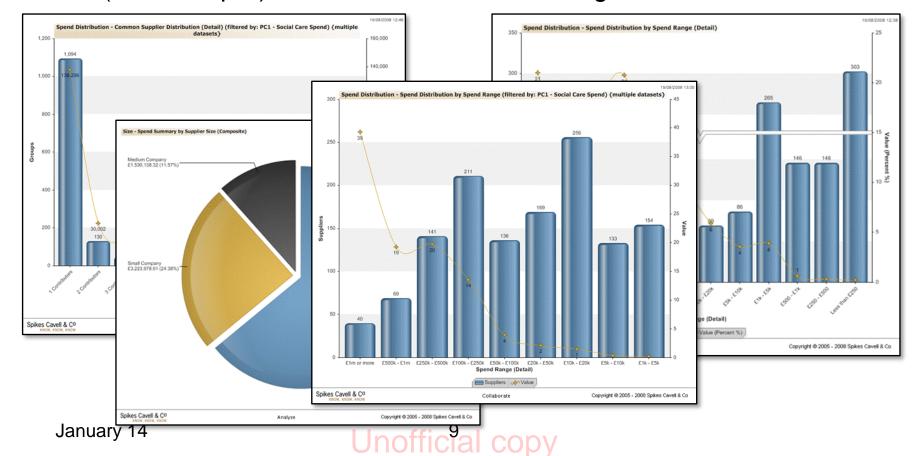


Spikes Cavell & Co Observatory

### Example 2 : Spikes Cavell (Data Cleansing & Spend /

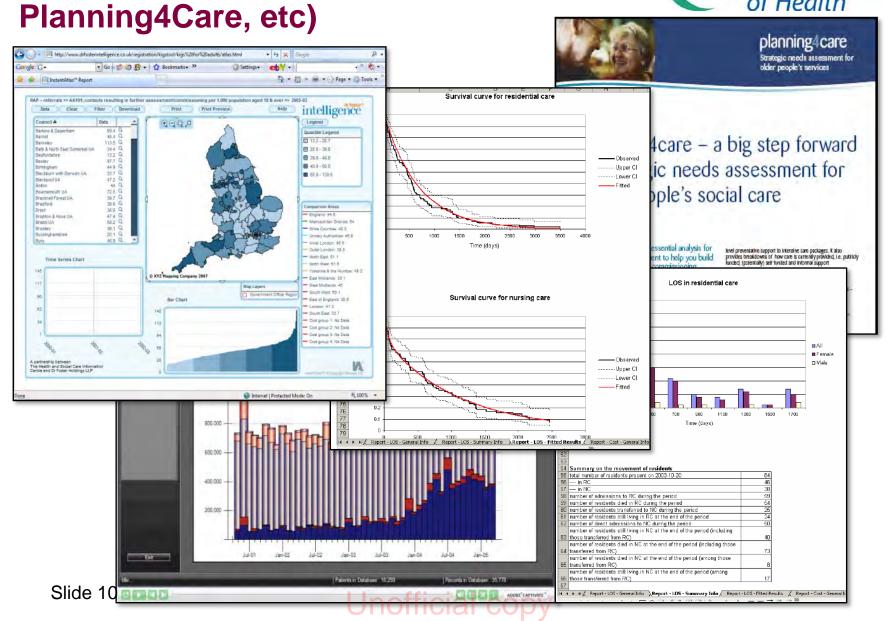


- Performance Analysis)
  Cleansing data, matching to national provider datasets (e.g. private company and charity providers) and benchmarking
- The better the depth, quality and consistency of data the easier (and cheaper) it becomes to take advantage of such tools



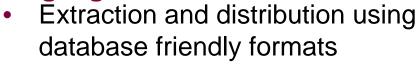
Example 3: Dr Foster KIGS and Others (FLoSC, Nuffield Foundation PARR,



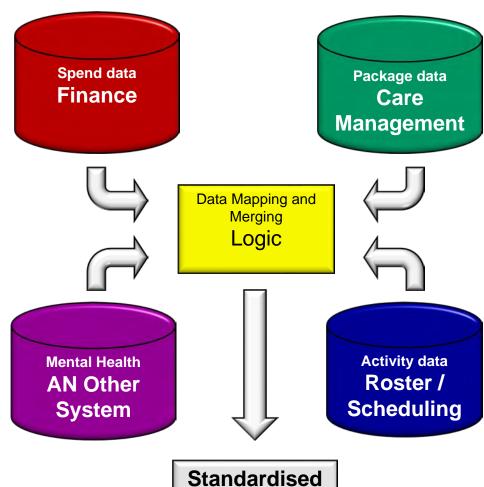


Approach to Data Extraction for PSS/EX (1)
Merging data from several systems via a common language

**DH** Department of Health



- XML versus Excel
- Maximising the use of existing operational data directly from systems
  - Definitions at a level consistent with existing operational systems
  - Principle of mapping to current system data versus changing it
- Not just an XML specification
  - Proof of concept via a demonstrable prototype involving multiple council datasets



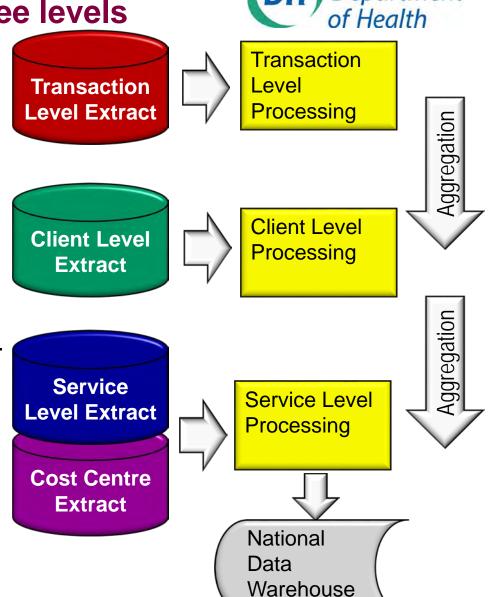
XML
Data Spec

Approach to Data Extraction for PSS/EX (2)

Provision of data at the three levels

Option to mix and provide data at the three levels

- By transaction
- By client / provider (funder) / per month
- By client type / service type / per year (with optional per month)
- At service level automated prorata based completion of activity/spend gaps
  - Standard formula versus council variants
  - Some ability to manually override at high level (with audit trace)



Department

January 14

# Service Level (PSS/EX) XML Extract: A cleaner distinction between the various dimensions



- Current Excel formatting constraints mix multiple dimensions
- In the XML extraction process these will be more cleanly separated out
  - Allows data to be separately 'sliced and diced' (Pivot table analysis) by:
     Service Type, Client Type, Age Group (RAP) and Income/Expenditure type
  - Still allows for regrouping into Older People (75-84 and 85 and Over)

Allows for any Client Type to receive any Service Type regardless of age

	AgeGroup	/	1		PrimaryServiceCategory →	SecondaryServiceCategory +
			1		Service Strategy	
	Unborn				Service Strategy	Strategic Management
	Under 18				Service Strategy	Operations Support
					Service Strategy	Client Support
	18 - 64		ClientGroup →	ClientClass	Service Strategy	Social Care IT
	65 - 74		II Categories		Service Strategy	Finance Support
	75 - 84		hysical Disability		Service Strategy	Financial Assessment
			hysical Disability	Frailty	Service Strategy	Training
	85 and Over		hysical Disability	Physical Impairment	Service Strategy	Premises and Property Costs
	All ages		hysical Disability	Hearing Impairment	Service Strategy	Transportation
<u>w</u>	*		hysical Disability	Visual Impairment	Assessment & Care Management	
ጥ			hysical Disability	Dual Sensory Loss	Assessment & Care Management	Initial Points of Contact (CRM)
		are L	earning Disability		Assessment & Care Management	Care Managers, Social Workers et
		are L	earning Disability	Moderate Learning Disabi	Assessment & Care Management	Occupational Therapy
		are L	earning Disability	Down's Syndrome	Assessment & Care Management	Support Staff
		are L	earning Disability	Challenging Behaviour	Nursing Care Placements	
		are L	earning Disability	Autism	Nursing Care Placements	Long Term
		are L	earning Disability	Profound and Multiple LD	Nursing Care Placements	Rehabilation / Reablement
		are M	Mental Health Needs	10	Nursing Care Placements	Respite
		are N	Mental Health Needs	Dementia ff: 13	Nursing Care Placements	Short Term

# An Emerging Spec for Service Level Aggregation (Work in



progress)

_	Thomas Cleate External	Data Database 1001s	Auu-ins Design
4	Field Name	Data Type	Description
8	AuthorityID	Number	MUST HAVE: Reference to the authority (as a numerical value)
P	SystemID	Number	OPTIONAL: Reference to the system from which the data came (as a numerical value)
P	AgeGroup	Text	MUST HAVE : The Age group to which this data relates
8	ServiceCatID	Number	MUST HAVE: Reference to the service type (service category)
8	ClientCatID	Number	MUST HAVE: Reference to the client type (client category)
8	IsExpenditure	Yes/No	MUST HAVE: Indicates if the amount is an expenditure or an income
8	IsGrant	Yes/No	MUST HAVE: Indicates if the income/expenditure relates to a grant or not
8	IsIB	Yes/No	MUST HAVE: Indicates if the expenditure relates to Individual Budgets
8	FinancialYear	Number	MUST HAVE: The financial year to which the data relates
8	13MonthNo	Number	TIONAL: The (13 Month) month number within the financial year
	ClientsOrWTEs	Number	GOOD TO HAVE : Depending on Service, the number of clients or Working Time Equ
	ActivityQty	Number	GOOD TO HAVE: The quantity associated with the service (in the units specified) to
	ActivityUOM	Text	GOOD TO HAVE : The Units of Measure in which the ActivityQty is measured
	Amount	Number	OPTIONAL: Depending on the level in the hierarchy the amount associated with th
	IsActual	Yes/No	MUST HAVE: Indicates if the data relates to actual expenditure/income as reported
	Adjustment	Number	OPTIONAL: Manually added adjustment which will be applied to all numerical value
	ClientAdjustment	Number	OPTIONAL: Manually added adjustment specific to the number of clients / WTEs: v
	QtyAdjustment	Number	OPTIONAL: Manually added adjustment specific to the quantity: will be applied or
	AmountAdjustment	Number	OPTIONAL: Manually added adjustment specific to the amount: will be applied on
	ClientsDerived	Yes/No	AUTO: Completed by the automated logic to indicate if the client / WTEs numbers Field Properties

#### Lining up with Health, Forecasts and JSNA: An opportunity to migrate to improved client types?

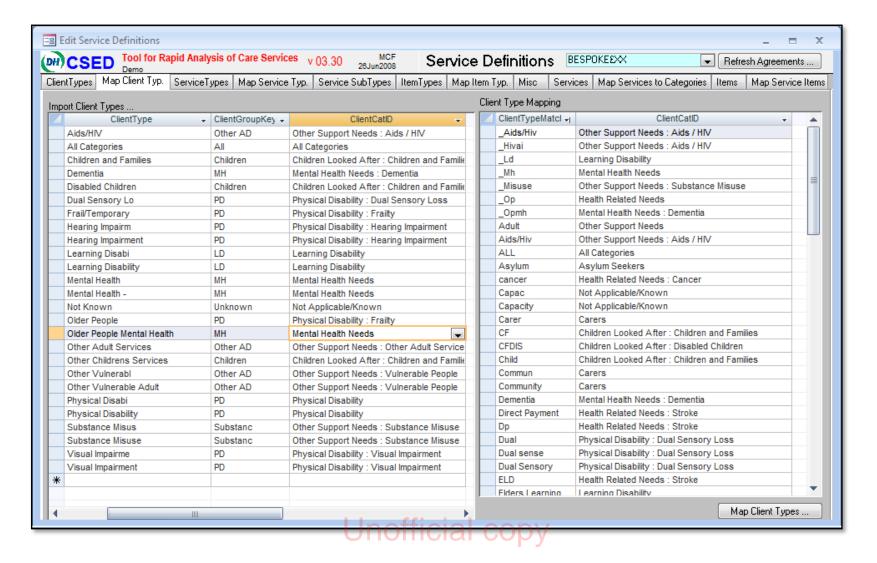


- Ölder People superseded by separate Age Group dimension
- Add Health Related Needs (and expand other groups [optional]):
  - Better linkage with Health (and other returns)
  - Improve information input into JSNA
  - Aligns with existing / forthcoming forecasting tools (e.g. POPPI/PANSI)
  - Aligns with RAP (removal of Older People) but has advantage that Physical Disability is not distorted (e.g. Temporary Illness)
  - Provides better insight on the impact of Health on Social Care (hospital discharge, obesity, etc)
  - Backward compatible, via the separate Age Group, with historical data

Physical Disability	Learning Disability	Mental Health Needs	Health Related Needs	Other Support Needs	
Frailty	Moderate Learning Disabilit	Dementia	Cancer	Aids / HIV	
Physical Impairmen	Down's Syndrome	Depression	Heart Disease	Substance Misuse	
Hearing Impairmen	Challenging Behaviour	Neurotic Disorder	Obesity	- Alcohol	
Visual Impairment	Autism	Personality Disorder	Stroke	- Drugs, Solvents, etc	
Dual Sensory Loss	Profound and Multiple LD	Psychotic Disorder	Temporary Condition	Physical Abuse	
			Terminal Illness	Other Conditions	
			COPD		
	Asylum Seekers*	15Carers			
Unionicial copy					

# The Principle of 'Mapping' Existing Data and Migrating toward updated definitions





# **CSED XML Prototype (TRACS Enhancement) Timetable**



Action	Status	Comment
XML Extraction Specification	early Oct 08	Transaction level done (TRACS)
Transaction level extraction from care related systems	Complete	Swift and CareFirst implementations within a day
Improved ability to aggregate to client and service level	Imminent / Complete	Can do currently but cannot edit / amend at aggregate levels
Demonstration of reporting capability (PSS/EX look-alike)	Partial early Oct 08	To include first attempt at HH1, the P part of RAP, etc.
Improvements to the merging of data from multiple sources	Partial early Oct 08	e.g. TRACS is able to 'match' clients in a separate utility
Interfacing to third party tools	In principle Dec 08	Discussions with all mentioned providers
Identification of pilot councils	In principle	We already know councils who have expressed an interest
Demonstration of prototype	Dec 08	4 to 5 councils
Input of lessons learnt / prototype into National solution	Mar 09 Jnoffic <mark>ial co</mark>	Additional councils to have been piloted and debugged.