

Scrutiny

November 2023



Exec Summary

Nov 2023 Period

We are now four months into the Design Phase of the My Life, My Future Programme, and we have effectively mobilised the programme across health and social care. All **five workstreams are now live** and some have established trials to test new ways of working across our service.

We are starting to see some encouraging early results:

- We are seeing 10% more people finishing reablement per week across the county, allowing them each to have lower long term care needs. This is a **20% improvement in our trial team** in Taunton & West Somerset, through supporting providers with processes for rigorous progression of cases.
- We have seen a reduction in Older Adults residential starts across the county to a rate better than our target. We will continue to monitor this to ensure a sustainable reduction.
- Our current performance run-rate if sustained is worth **£2.5m of annual benefit**.
- We have good financial tracking in place and can effectively monitor trial and wider progress, allowing us to react quickly to emergent changes.
- There are some risks to maximising progress and meeting the projected benefit timelines, particularly around **resource pinch-points in some services and our data engineering and BI teams**.
- We are continuing to challenge programme & workstream plans to bring as much as possible forward given the wider context to support savings delivery. We recognise wider council challenges and have undertaken a **rapid diagnostic of placement rates** to assist.

Why are we doing this now?

My Life,
My Future

We are seeking to build on the strengths we have in Somerset to design and deliver high quality, person-centred Adult Social Care services that promote independence and wellbeing.

This means providing the right support, in the right place at the right time.

Throughout the **My Life, My Future** programme, we will be...



Person-centred



Data and evidence driven



Supportive for staff



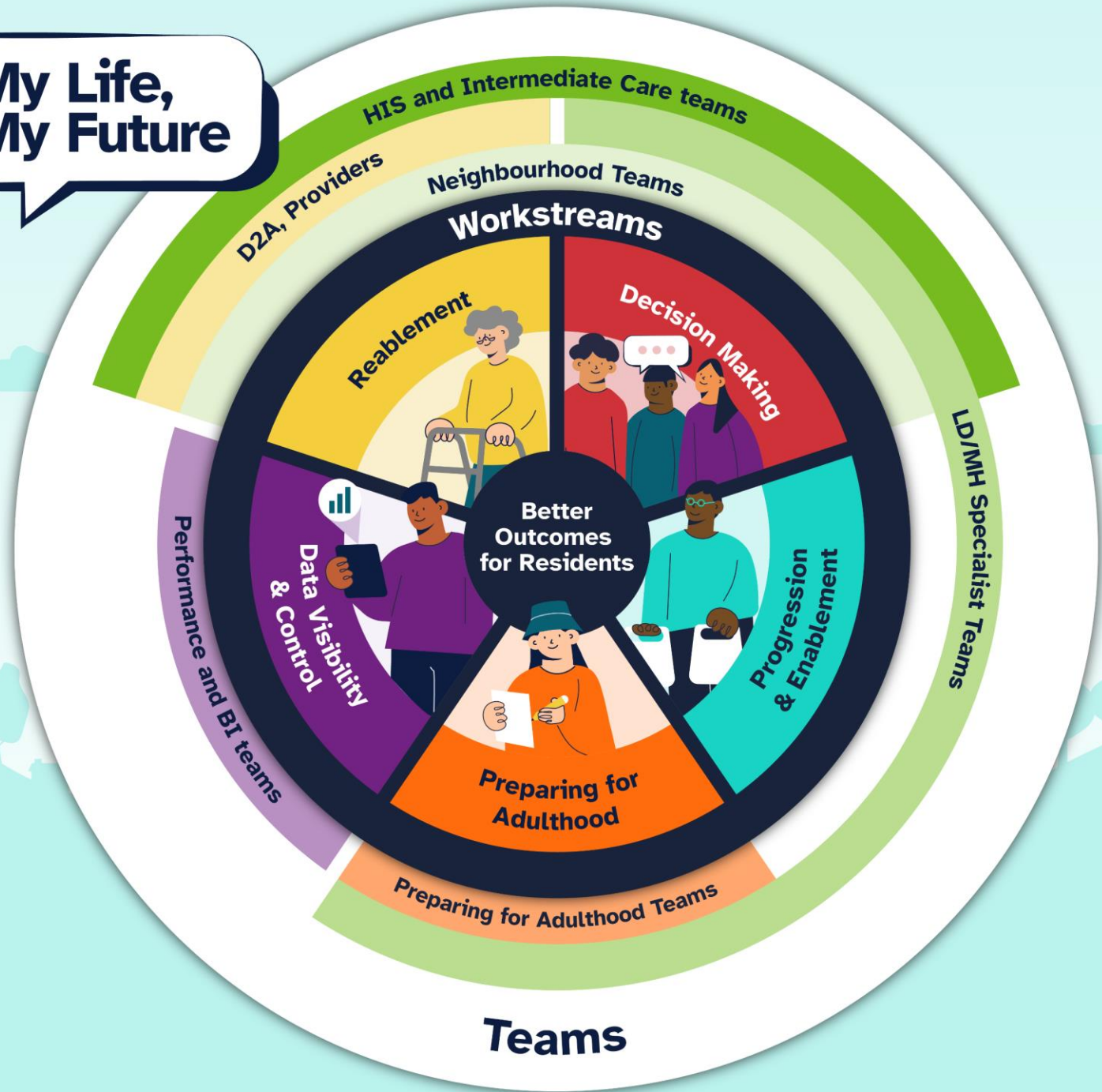
Future focussed



Taking an iterative approach



**My Life,
My Future**



Summary of Financial Opportunities

Area	Summary	Target	Stretch
Decision Making	Supporting more independent outcomes through strengths-based practice, improved care capacity and more creative alternatives to formal support where appropriate.	£2.3m	£2.7m
Reablement	More people accessing short-term services that support them to improve their independence – when being discharged from an acute hospital stay, and from the community.	£9.5m	£11.4m
Preparing for Adulthood	Increased independence for young people as they transition to adulthood by earlier intervention & support from the Adults team and taking a strengths-based approach.	£0.4m	£0.6m
Progression and Enablement	Supporting more adults with learning disabilities to lead a more independent life in their community.	£2.0m	£2.4m
TOTAL		£14.2m	£17.2m

Projected cash profile:

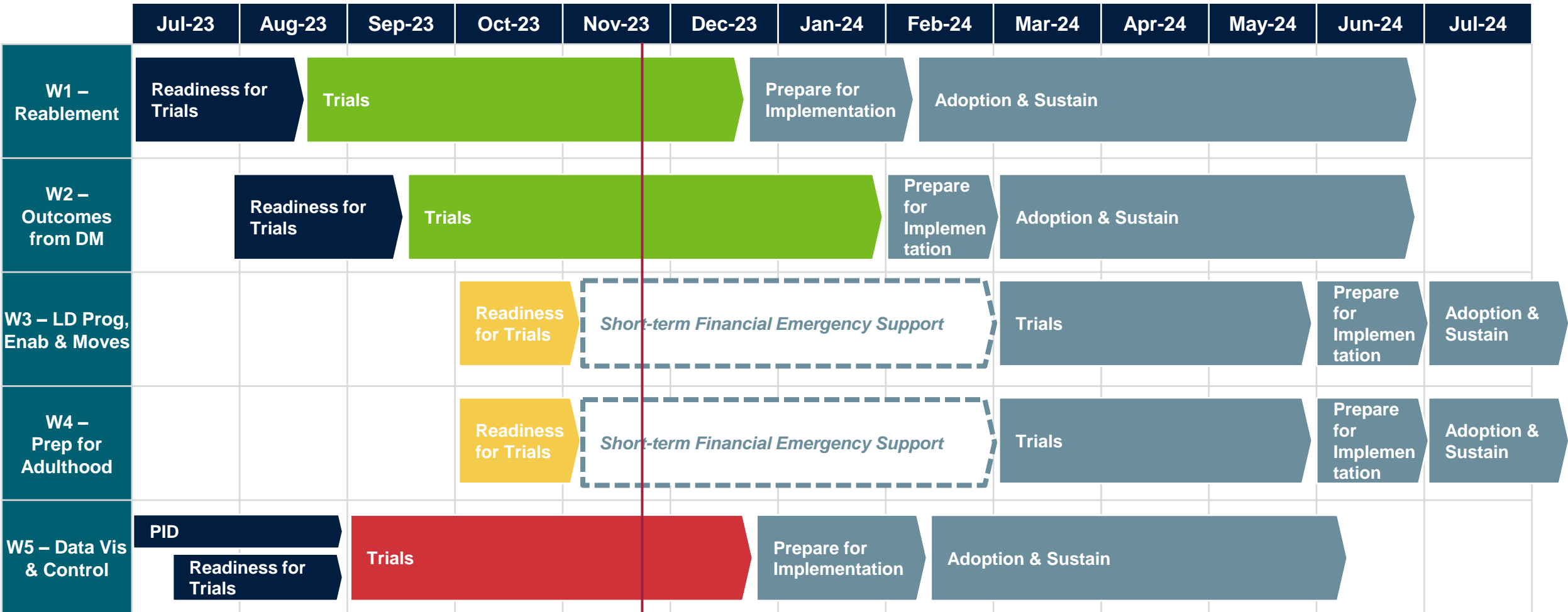
In Year Value Version	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Updated Low Scenario	£0.5M	£7.3M	£13.3M	£13.9M	£14.1M	£14.2M
Updated High Scenario	£0.8M	£9.5M	£16.0M	£16.3M	£16.5M	£16.5M

Supported by Newton's Contingency Fee

- The support from Newton is provided on a contingent fee basis.
- Newton guarantee that the **recurrent, annualised benefits** delivered in the Programme will at least exceed **1.3 times** the combined one-off fee from the diagnostic and Programme. As such the guaranteed benefit is **£10.0m**
- These benefits will be measured by comparing historic baselines to the end of programme operational performance in each of the relevant areas, then using the agreed set of equations to translate this to an annualised “run rate” for the programme. This “run rate” is therefore agreed to be the value delivered to Somerset Council if the operational performance sustains at this level.
- If at the end of the programme, the benefits have not achieved the required scale, either Newton will continue to work at no extra charge until this is the case, or the fee will be reduced, pro rata until this is the case.

Programme Plan

● Complete
 ● In progress, on track
 ● Delayed
 ● At risk, support required



Cumulative Value-Add and Run-Rate - Workstream Comparison

	CUMULATIVE VALUE-ADD				RUN-RATE			
	Live	High Scenario	Low Scenario	RAG	Moving Average	High Scenario	Low Scenario	RAG
Reablement	£10.2k	£48k	£30k		£2.0m	£4.4m	£2.6m	
Outcomes from Decision Making	£2.1k*	£0.7k	£0.3k		£520k*	£149k	£62k	
Progression & Enablement	-	-	-		-	£0	£0	
Preparing for Adulthood	-	-	-		-	£0	£0	

*Value-add / Run-Rate only accounts for Residential Avoidance, which is above target, as CBS not currently tracked.

The reablement workstream is the biggest contributor to programme run-rate and we are already starting to see significant impact, however it is currently tracking slightly behind the below low scenario. It is important to ensure this is a focus for the programme to ensure we close the current gap to the target.

Reablement – In Focus

- One opportunity is in helping more people receive reablement (helping them rebuild their independence after an event, often a hospital stay), to get this to happen right every time, we need
 - the **hospital to discharge people to the right setting**, which involves changing the understanding, risk appetite and behaviours of 100s of staff, we are addressing this through supporting system colleagues with the design and implementation of a new transfer of care model
 - **enough capacity in the reablement providers**, we are unlocking this through trials with providers to more actively progress cases (i.e. ensuring every day an action happens and people are able to leave the service as soon as possible), we are also looking to trial different scheduling practices with providers to help them get the most hours from staff time they have
 - we also need the **reablement to be as effective as possible** at building peoples long term independence to minimise their onward care needs, we are looking to do this through tools, process and behaviours to more actively set, monitor and support individual goals with people to progress on a daily basis

Reablement – In Focus

One of our trial areas in reablement has been caseload grip and visibility; designing and implementing a tool and meeting structure to create visibility and grip around taking actions to progress cases.

Key principles



Each person has a role description with objectives **that centre around increasing engagement and driving KPIs**



Caseload updates driven by providers with other attendees supporting in deciding **next steps based on goal progress**



Caseload tracker is shared with entire group, improving their visibility and **encouraging MDT input and support**



SMART actions focused on achieving a person's **optimal outcome in minimal time**; actions visible to all



The key KPIs (length of stay and finishers) are **built into the culture and product**

The tracker is a good visual tool. Now I can see my caseload, goals, and visits at a glance and know if I need to change anything! – Provider

"We can review GAS goals as a team... this ensures visits can be reduced or increased within an appropriate time frame." – Therapist

"This cluster has got so much more efficient than when I was previously on it" – Therapist

Resulting in

A **20% increase** in the number of finishers in the trial area sustained over the past month

Key Risks and Issues

Risk / Issue	Description	Severity	Likelihood	Mitigation Detail
Lack of Data Engineering resource (Issue)	A lack of resource within the Data Engineering function has slowed progress against plan in areas which require changes to our core data model (e.g., establishing some areas of financial tracking, or building new sustainable service dashboards).		ISSUE	<ul style="list-style-type: none"> Additional resource has been secured and is in place, reviewing options as to how to progress sustainably
Lack of capacity of key individuals within Adults service alongside financial emergency (Risk):	Increased demands on staff across the Adults service and more widely (e.g., Finance team) to support activity associated with the financial emergency creates a risk to efficient programme delivery, slowing activity & decision-making.			<ul style="list-style-type: none"> Adapting and aligning programme plans to financial emergency to ease constraints on key individuals
System working challenges across financial emergency and Winter pressures (Risk)	Several workstreams have interdependencies with NHS teams and services. Conflicting demands and capacity pressures on key individuals creates a risk to efficient programme delivery			<ul style="list-style-type: none"> Joint design teams A joint oversight group with health colleagues Increasing engagement with system colleagues

Responding to the Financial Emergency in Somerset

We have made changes to the Programme Plan in response to the financial emergency pressures that the Council and Adult Social Care specifically are facing.

- **Outcomes from Decision Making** workstream, we have aligned our work on the case discussion forms with the recent changes to Enhanced Peer Forums (which focus on high-cost support packages), meaning we will accelerate rollout countywide without a period of testing.
- **Progression & Enablement, and Preparing for Adulthood** workstreams, we have deprioritised some planned activity to allow the social work teams to prioritise reviews. We are looking at how these are enhanced to support short term savings and will resume the longer term changes to March 2024.
- We have completed a short diagnostic activity on **unit costs** to understand more about the drivers behind our increasing spend (i.e. inflation, staffing costs etc.) and any opportunities to mitigate further increases. This has identified some priority actions that will be taken forward before the end of this financial year.