

Adults & Health Scrutiny

'My Life, My Future' Adult Social Care Programme Update
April 2024



My Life,
My Future

Contents

- Exec Summary: March 2024 Period
- Programme Recap
- In Focus: Learning Disabilities & Preparing for Adulthood
- Financial Benefits & Tracking
- Programme Plan, Risks & Trials update

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Executive Summary

March 2024 Period

- We are now seven months into the Programme and are continuing to progress across all five workstreams. Some workstreams are now moving towards the 'implementation' phase, where the **new ways of working trialled in certain teams or areas will be rolled out across the county**.

We are continuing to see positive results across the service:

- We have seen a **30% increase in the number of individuals accessing reablement** (6-week moving average figure as at early March), meaning 15 more individuals every week can now benefit from a chance to improve their level of independence in their own home, through reducing delays and therefore the overall length of time spent in service to free up capacity.
- We have seen a reduction in the volume of new homecare and direct payment packages started across the county, driven by both number and average size of package reducing and supported by the work of our Peer Forums and Enhanced Peer Forums exploring most effective ways to meet people's needs.
- Our current performance run-rate in community-based support (i.e. Reablement and the community element of Outcomes from Decision Making) is over £6m p.a. benefit.
- Overall, the programme is on track and projected to achieve savings between the low and high financial benefit scenarios. Further work is progressing via our Finance & Performance Monitoring Group to continue to improve the rigour of our tracking (through moving towards more live, operational spend reporting).
- There are some risks to maximising progress and ensuring sustainability of solutions developed, which are being monitored and mitigated.

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



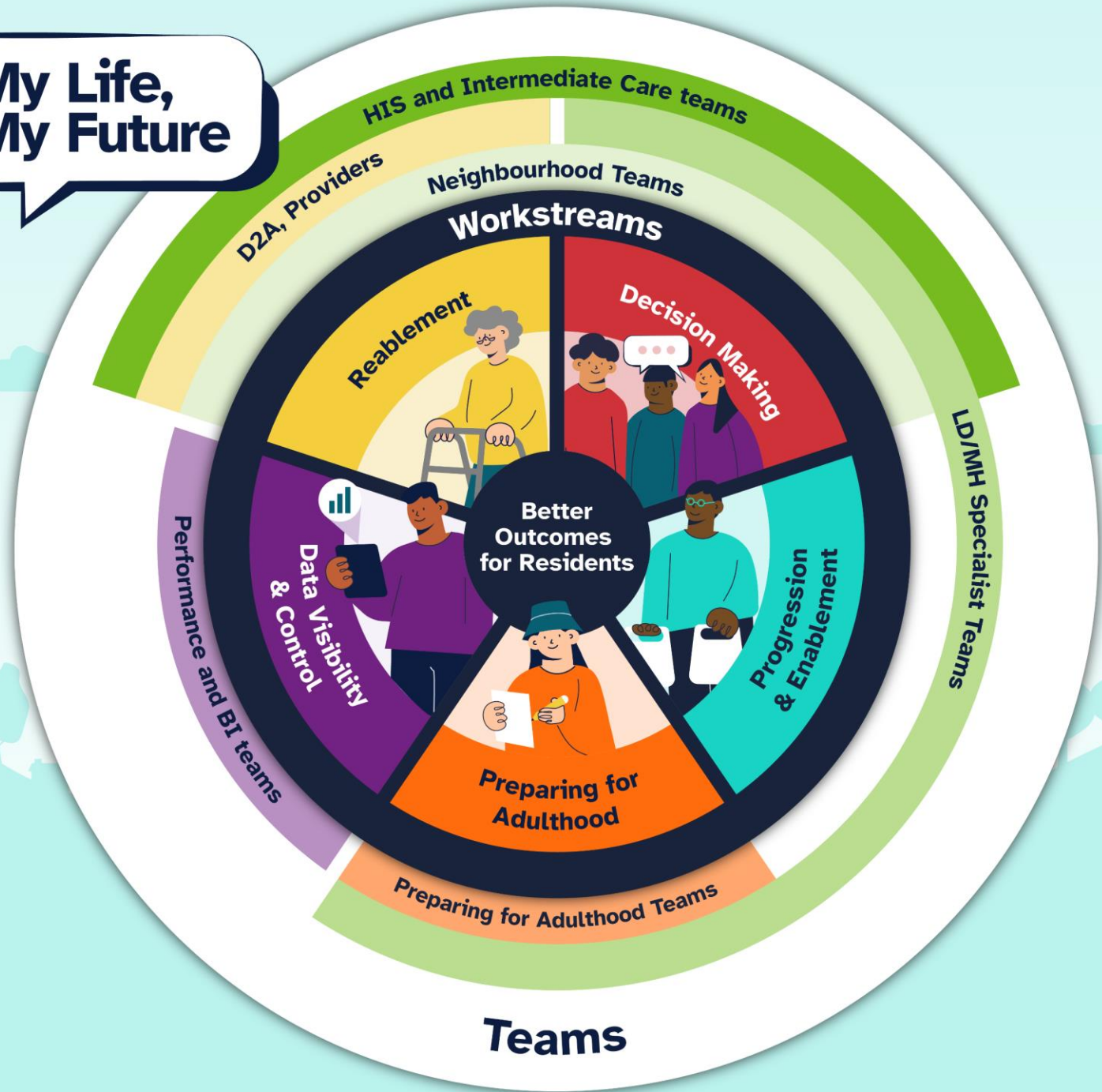
Future focussed



Taking an iterative approach



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My Future**



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Stacey's* journey through an LD Peer Forum

Stacey* is a woman in her 30s living with Autism and generalised anxiety disorder. She currently lives with her mum and step-dad at their home in Yeovil.

Stacey has recently become quite **isolated** in her home environment, rarely engaging in activities or venturing outside. Her mum expressed that she's very interested in how the outside world works however – spending much of her time online researching Politics, Philosophy and Religion.

The social worker assigned to Stacey's case felt that she could benefit from someone visiting her for **10 hours a week** to build her confidence. He wasn't sure exactly how these hours could be best used so before putting this care in place, the social worker took Stacey's case to an **LD Peer Forum**.

In this session, the social worker was able to draw on the experience of other practitioners and MDT peers, one of whom recommended bringing in a **community agent** to discuss what activities Stacey might be interested in within her local community. Once these activities were identified, around **5 care hours a week** could then be built up around them to ensure the hours are targeted towards Stacey's specific goals.

The social worker left with a clear plan on how to help Stacey achieve **greater independence** within her daily life, in a way that considers her individual needs and outcomes.

Preparing for Adulthood – In Focus

- For our young people who transition at aged 18 from Childrens' Services to Adults Service, we want to ensure that we are supporting them to the most independent outcome possible. This requires:
 - clear processes, and strong **joint working** between Adults & Childrens teams
 - making sure we have **early and complete visibility** of our cohort young people in the Preparing for Adulthood team, well before they approach their 18th birthday
 - **early planning**, so that we understand the young person's aspirations and needs well in advance of them turning 18, completing any assessments required in a timely way
 - having **enough capacity in the right services** or accommodation for those young people when they turn 18, which requires our Adults commissioning team to have enough time to find appropriate placements

Preparing for Adulthood – In Focus

What have we done so far?



Area meetings & escalation meetings



Data visibility & validation of our full cohort of young people who will need support in Adults



Everyone aged 17+ are now allocated to a PFA team member

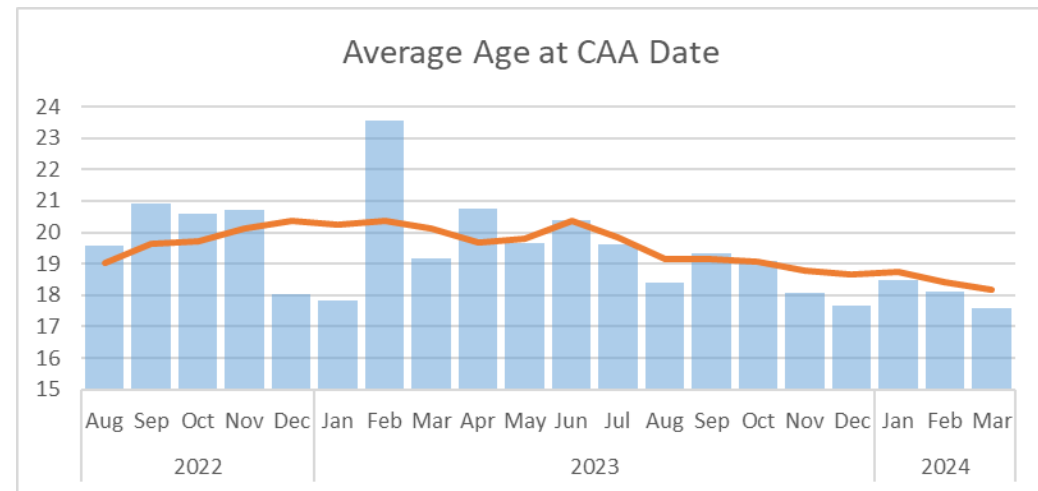


Improving team productivity and visibility of performance




Clear process & closer working between Childrens Social Care and PFA teams.


The average Care Act assessment age has been decreased from over 20 years old to **18.2**




Preparing for Adulthood – In Focus


What have we done so far?

 Area meetings & escalation meetings

 Data visibility & validation of our full cohort of young people who will need support in Adults

 Everyone aged 17+ are now allocated to a PFA team member

 Improving team productivity and visibility of performance

 Clear process & closer working between CSC and PFA teams.


An example of what's next


A new form has been created to be used by the Preparing for Adulthood team to **enable early planning of support for young people**. The form can be continually updated throughout the young person's journey to enable progress, support requirements and other key information to be **updated regularly** ahead of their formal Care Act Assessment at 17.5 years old.

What are the benefits?

 Increase provision and support requirement visibility for Adults commissioning teams.

 Increased visibility and improved recording of information prior to the Care Act Assessment completion at 17.5 years old.

 Provides an 'aim' point & prompt conversations around goals and aspirations for a young person.

 Minimal extra work for PFA team (will pull information across in to Care Act Assessment documentation), whilst enabling better insight to our current transition cohort so we can plan accordingly.

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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

Programme Financial Benefit Summary

N.B.: The Projected Benefits columns assume no further improvement in any operational performance, only sustaining current performance as it is now.

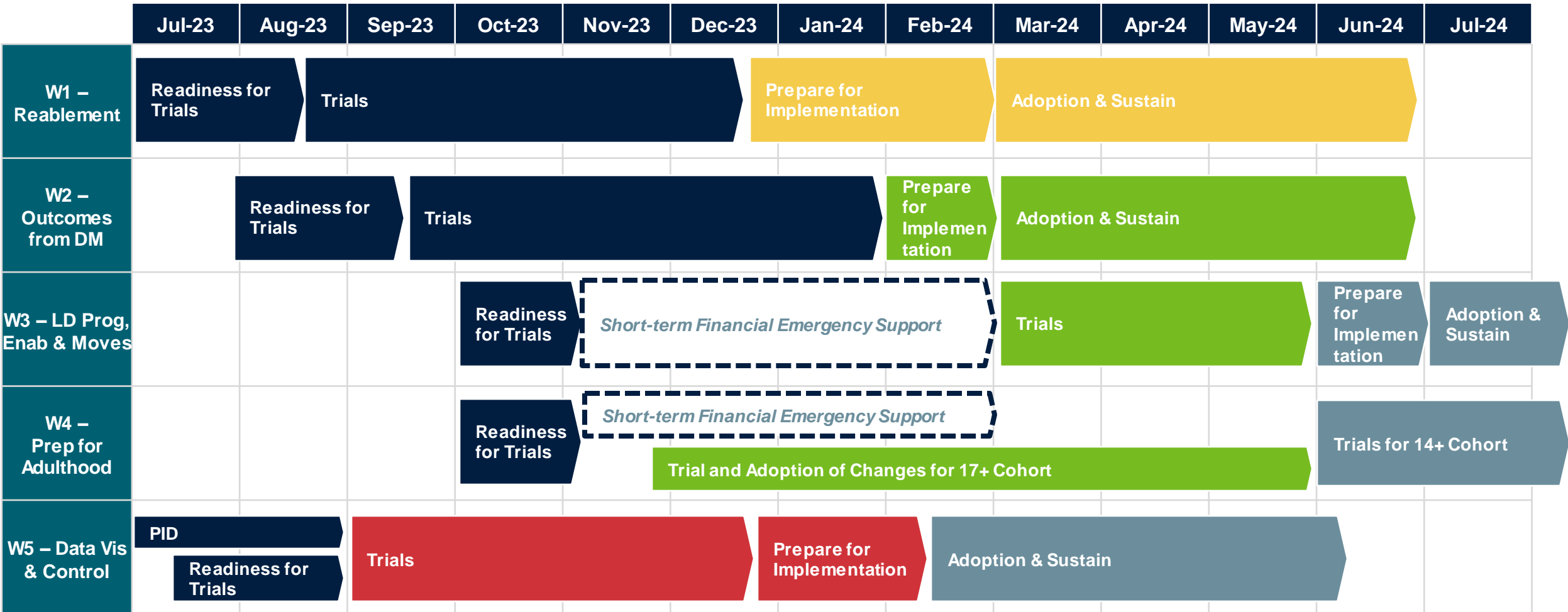
Workstream	Original Overall Target (Annualised recurrent benefit once run-rate is sustained)	Original Target FY23/24 (Realised Cash by end of Mar 24, Low Scenario)	Projected Benefits to End FY23/24 (Realised Cash)	Original Target FY24/25 (Realised Cash, Low Scenario)	Projected Benefits to End FY24/25 (Realised Cash)
Decision Making – Reduced Starts in Residential Care	£2.3m	£81k	£25k	£1.3m	-£500k
Decision Making – Optimisation of Community-Based Services			£808k		£10.7m
Reablement – Increasing Throughput & Effectiveness	£9.5m	£395k		£5.5m	
LD – Progression	£2.0m	£8k	£0	£460k	TBC
Preparing for Adulthood	£0.4m	£0	£0	£50k	TBC
TOTAL	£14.2m	£0.5m	£0.83m	£7.3m	£10.2m

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Programme Plan

● Complete
 ● In progress, on track
 ● At risk, mitigations in place
 ● Delayed or support required



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 delayed plans across most workstreams (any areas which require changes to our core data model, e.g., establishing some areas of financial tracking, or building new sustainable service dashboards). A lack of longer-term plan around the core model and team resource risk long-term sustainability of products created.		ISSUE	<ul style="list-style-type: none"> • Data engineering team currently at usual establishment • Long-term resilience plans to be agreed
Lack of capacity of key individuals within Adults service alongside financial emergency (Issue):	Increased demands on staff and areas of high vacancy rate across the Adults service across Operations, Commissioning and more widely (e.g. finance team) creating a risk to efficient programme delivery/sustainability of the changes implemented as part of the programme.		ISSUE	<ul style="list-style-type: none"> • Adapting and aligning programme activity to ease constraints on key individuals • Widening training plans to ease pressure at service grades with high vacancy rates
System working challenges across financial emergency and wider system improvement plans (Risk)	Several workstreams have interdependencies with NHS teams and services, particularly those focused on Older Adults and Intermediate Care. Conflicting demands and capacity pressures on key individuals and teams within the system creates a risk to efficient programme delivery.			<ul style="list-style-type: none"> • Ensuring workstream governance involves the right individuals from across the system, with clear escalation routes • A joint oversight group with health colleagues, and regular workshop sessions with a senior group from across the Council, SFT & the ICB to design the Reablement Operating Model • Increasing engagement with system colleagues

Trials Update



Reablement

Trial/Product	Description	Roll-out
MDT Cluster Calls	Ensuring the right structure and information visibility for daily MDT calls	Feb 2024
Goal Setting and Tracking	The right visibility of goals for enablers, and a tool to objectively track people's progress against their goals	Apr 2024
Provider Capacity Utilisation	Tailored support for providers on rostering and scheduling	Apr 2024

Outcomes from Decision Making

Trial/Product	Description	Roll-out
Peer Forum support	Support to maximise peer forums by ensuring they are early and outcome-led	Dec 2023
Caseload visibility	Dashboard across teams to monitor flow through teams	Feb 2024
Community assets	Increasing local awareness of community offer	Mar 2024

Progression & Enablement

Trial/Product	Description	Roll-out
Redesigned standard processes	Increased MDT oversight for 'no change reviews' and specific focus on resi & sup. living step downs	May 2024
Empowering our teams	Involving community services in peer forums more and specific training with peer forum chairs/attendees	Apr 2024

Preparing for Adulthood

Trial/Product	Description	Roll-out
New referral process	Joined up working with children's to ensure earlier referrals, and capturing these on new Eclipse form	Apr 2024
Improvement cycles	Using data and ICs to drive more and higher quality transition plans	Mar 2024

Data Visibility & Control

Trial/Product	Description	Roll-out
Neighbourhood team dashboards	Suite of tools to support n'hood team performance	Mar 2024
LD/MH team dashboards	Suite of tools to support LD/MH team performance	Apr 2024
Commissioning dashboard	Dashboard to support commissioning activities	May 2024



Appendix: Programme Approach



We are working through a structured change programme which will have a design and an adoption phase to create well-evidenced solutions and ensure sustainable change across the county



Design & Readiness for Trials

- Assemble a ‘design team’ – bringing together a diverse range of input from across the service (and beyond) to tackle the opportunity identified in the diagnostic
- Conduct a series of workshops and desktop design sessions to get to an initial design which can be tested, utilising the expertise within the design group
- Design a trial or pilot, including who will be involved and how progress will be measured and reviewed

Approximately 4-8 weeks

Trial

- Within one team / locality / subset of the total operation, put the designed solution into practice – this will involve new processes, ways of working, structures etc..
- Set up a continuous improvement cycle, where KPI’s linked to the operational and financial benefit of the work are reviewed on a daily and weekly basis
- Iterate the solution throughout (not waiting for a formal evaluation) – the design team remains active to propose changes to the approach, according to the evidence

Approximately 6-16 weeks, depending on the nature of the solution and teams involved

Prepare for Implementation

- With the trial complete, document the trialed solution or ‘product’
- Prepare the material required to support implementation—including training guides, new standard operating procedures / processes, meeting structures, agendas, day/week in the life, visual guides etc..
- Develop sustainable versions of any tools – including digital tools and systems changes
- Assess the readiness of wider teams to adopt the new solutions and prepare an implementation plan accordingly

Approximately 4-8 weeks, depending on the development time for any tools or systems changes

Not every workstream will need every stage, it will be proportionate according to complexity, value and number of people impacted.

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.