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## **My Life, My Future: Adult Social Care Transformation Programme Update Report**

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Executive Lead Member: Cllr Sarah Wakefield, Lead Member for Adult Services Division / Local Member: All

### **1. Summary**

- 1.1.** This report provides an update on the transformation work underway across the Adult Social Care service in Somerset, called the 'My Life, My Future' Programme. We are now nine 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.
- 1.2.** We continue to see positive results across all areas of the work. We have seen a 24.5% increase in the number of individuals accessing reablement (6-week moving average figure as at early May), meaning twelve more individuals every week can now benefit from a chance to improve their level of independence in their own home. Exploring more creative ways to meet people's care and support needs via our peer forums and enhanced peer forums is resulting in a reduction in the volume and average size of new homecare and direct payment packages started across the county.
- 1.3.** Overall, the programme is on track to deliver financial benefits between the low and the high scenarios set out at the start of the programme. We are working within our Finance and Performance Monitoring group to secure more timely operational data sources to inform spend analysis. We continue to track and mitigate programme risks to ensure the sustainability of our transformation ambitions through our fortnightly Transformation Steering Group, and monthly Contract Monitoring forums.
- 1.4.** Adult Social Care's transformation activity, including the 'My Life, My Future' Programme directly supports the vision and priorities of Somerset Council, as outlined in the 2023-2027 Council Plan, especially those aligned to ensuring we are a 'healthy and caring Somerset'.

### **2. Issues for consideration / Recommendations**

- 2.1.** Committee members to consider if there are any general comments or observations that they would wish to make in relation to this programme of work.

### 3. Progress to date:

**3.1. Reablement:** In this workstream, we want to ensure that more people have access to reablement support, both when they are discharged from an acute hospital stay, and when they enter our services via the community, and that this support is as impactful as possible. The workstream is aiming to drive two key KPIs (Key Performance Indicators):

- The number of people who finish a period of reablement per week.
- The effectiveness of their reablement period (i.e., how much impact the reablement support had on their level of independence).

We have rolled out a new 'Cluster Call' structure and accompanying tool across all geographies, giving staff from the Council, Somerset Foundation Trust and our care providers and shared visibility of individuals on the caseload, to support more timely progression of cases and reduce delays. This has worked alongside a change in team roles and responsibilities to ensure focus on social care assessments at the end of the reablement journey. There has been a reduction in the percentage of individuals delayed at the end of their reablement journey, and this, alongside a focus on active reablement goals has reduced the overall length of stay in the service to under 20 days on average, from a baseline of over 23 days. This frees up capacity to allow for **additional starts into the service without increasing the hours commissioned**. These individuals are now able to benefit from a chance to improve their independence at home on discharge from hospital.

We are continuing to develop a digital tool, which will support a new method for setting and tracking reablement goals for clients. This aims to increase the effectiveness of the support we offer and ensure people can leave the service closer to independence, as well as ensuring that we step people down from the service in a timely way as they achieve their goals.

Work is also ongoing to ensure an accurate demand and capacity model for each area of the county. This will support ongoing sustainability plans, and any future required recommissioning activity to ensure we have sufficient capacity to meet demand across those individuals returning home from acute hospital, as well as those who could step down from a short-term bed, and those who have potential for greater independence in the community.

**3.2. Outcomes from Decision Making:** In this workstream, we want to support more ideal outcomes for adults receiving long-term care and support from our services. The workstream is aiming to drive two key KPIs:

- Residential Starts: The number of people starting a long-term residential placement
- Community-Based Services: The number of new hours of support commissioned for people at home (in homecare packages or in direct payments).

New Peer Forum practices have been established across the county, in alignment with work on Enhanced Peer Forum as part of the financial emergency. We have also developed a Neighbourhood Teams Dashboard, to give managers better

visibility of their teams' activity, and the outcomes generated for individuals from this work. This is supporting a renewed focus on productivity, which continues to improve, and aims to reduce the delays in assessments and reviews.

The 'run rate' for Community Based Services is tracked across both the Reablement and Outcomes from Decision Making workstreams to understand the combined impact on the number of new hours of support commissioned for people at home (in homecare packages or in direct payments) – as both areas of work aim to support people to greater independence in this area. The current 'run rate' for this workstream (i.e., the financial value realised if this operational performance were to sustain indefinitely) is **£5.9m p.a.** (from Finance & Performing Monitoring Group meeting on 2nd May 2024).

**3.3. Data, Visibility & Control:** In this workstream, we want to establish a data-driven decision-making culture through use of clear, accurate and accessible management information at each level of the service. This workstream has also established operational tracking against each of the workstreams, and full financial tracking across the programme.

**3.4. Progression & Enablement:** In this workstream, we want to enable individuals living with learning disabilities (LD) to live more independently.

Aligning with the Outcomes from Decision Making work, multi-disciplinary Peer Forums have been established in the new Learning Disability teams, and initial tracking suggests that these are resulting in an increased level of independence for people compared to a pre-November 2023 baseline.

Since the start of any additional design in this workstream was delayed to support ongoing financial emergency work, we have completed further deep dives to understand the key areas driving spend growth in this area. We are now starting a trial with one of our key providers to undertake targeted reviews to explore further opportunities to support our cohort to live more independent lives.

**3.5. Preparing for Adulthood:** In this workstream, we want to achieve more ideal outcomes for our young people transitioning to adulthood.

In this area, we have undertaken two design workshops with colleagues from across the Adults and Childrens' Service to align on the key principles and areas of focus for improving the journey into adulthood. We have also designed and launched a new 'Transition Form' on Eclipse, which will improve visibility, early planning and support for young people and additionally improve incoming demand insight for commissioning teams.

We have also focused on giving senior team members and managers greater visibility of the cohort of young people, and team activity through an ongoing improvement cycle. We have seen an over **100% improvement in team productivity**, and hence the 8-week moving average age at which we complete a Care Act Assessment for our young people fall from over 20 years old, to reach 18.04 years, with April's performance now averaging under 18 years old.

**3.6. Key risks & issues impacting Programme delivery:** Risks and issues are managed via the monthly Contract Monitoring forum, with mitigating actions agreed and monitored. The Programme also reports progress to the Executive Transformation Board. Current key issues impacting current programme delivery

are focused on resourcing and staff capacity, with a further risk around system working.

**3.7. Operational and Financial Tracking:** The four core workstreams (excluding Data Visibility & Control) have an operational and financial value attached to them. For each associated area of opportunity, we have a financial equation, consisting of fixed variables (e.g., the duration of a long-term care package) and tracked variables, that we are trying to impact through the operational changes in place (e.g., the number of adults starting a long-term residential placement per month). For each of the tracked variables, we have taken a baseline to use as representative of historical performance, against which are measuring changes.

As many of the targeted changes focus on demand management (i.e., reducing the number or scale of long-term package starts), cash benefits associated with these accrue over time and it typically takes longer than one financial year to see the full benefit realised. We have generated a projected cash profile, with a low and high scenario, to set out the period over which we can expect to see the Programme savings, if the operational activity progresses against plan.

Programme performance is currently:

Workstream	Original Overall Target (Annualised recurrent benefit once run-rate is sustained)	Annual Value (Maintaining Current Performance)	Original Target FY23/24 (Low Scenario)	Projected Total MTFP Contribution by FY23/24	Original Target FY24/25 (Low Scenario)	Projected Total MTFP Contribution by FY24/25
Decision Making – Reduced Starts in Residential Care	£2.3m	-£1.57m	£81k	£0.03m	£1.3m	-£0.62m
Decision Making – Optimisation of Community-Based Services		£6.84m		£0.80m		£5.88m
Reablement – Increasing Throughput & Effectiveness	£9.5m		£395k		£5.5m	
LD – Progression	£2.0m	£1.44m - £6.33m	£8k	£0.01m - £0.07m	£0.5m	£0.23m - £1.22m
Preparing for Adulthood	£0.4m	£3.60m	£0	£0.13m	£0.1m	£0.98m
<b>TOTAL</b>	<b>£14.2m</b>	<b>£10.3m - £15.2m</b>	<b>£0.5m</b>	<b>£1.0m</b>	<b>£7.3m</b>	<b>£6.5m - £7.5m</b>

*\*Values based on data from mid-March '24, and assumes operational performance stays consistent at that level across the period*

The 'projected cumulative annualised benefit' figures assume no further improvement in operational performance, only that we sustain the current operational performance. This is intended to show a conservative view of the programme benefits, as we would expect performance to continue to improve across the workstreams as we continue to roll out and sustain the operational changes across all teams, and further work (e.g. targeted reviews in our Learning Disability teams) gets underway.

Currently, the performance of the residential starts KPI is behind target, impacting the projections to FY24/25. Additional work and focus are being undertaken to get this moving in the right direction, and to understand the impacts of increasing productivity on our performance position. These actions include:

- Revised peer forum guidance to ensure we are encouraging open-ended, creative case discussions.
- Greater validation of the data used to track residential starts from EPF.
- Understanding routes of residential starts by source and geography to better tailor next steps (e.g. more starts have recently come from Intermediate Care settings)
- Understand the impact of completing more Care Act Assessments by analysing the change in proportion of which end in a residential start.

This metric is also affected by the increased productivity within the teams, which has led to more Care Acts Assessments being completed:

- In the last 6 weeks, we would have anticipated completing 413 Care Act Assessments and initiating 49 residential placements (based on baseline performance)
- We have completed 519 Care Act Assessments and initiated 51 residential placements
- If we had completed 519 Care Act Assessments during the baseline period, we would have anticipated initiating 62 residential placements
- Therefore, in the last 6 weeks, the number of placements initiated compared to expected has reduced by 11.

The LD Progression & Enablement workstream includes a benefit range as further work is required to agree the baseline.

The current FY 2024/25 value for the LD Progression & Enablement workstream assumes there are no further operational improvements to come. However, we anticipate that the 'targeted reviews' work which began recently, will identify individuals who can progress in their skills and confidence to live more independently. This is expected to increase this opportunity and is not currently included in the future benefits projections.

For additional latest results, real life stories and feedback, please refer to Appendix B with this report

## 4. Implications

- 4.1.** In March 2024, Somerset Council hosted a Local Government Association Assurance Peer Challenge of its Adult Social Care service to support ongoing improvement activity and readiness for future Care Quality Commission assessment. The external peer challenge team were able to meet with key 'My Life, My Future' Programme representatives and review the latest progress and evidence. Initial feedback was positive and the final feedback report will soon be widely circulated to key stakeholders. One strength noted was as follows: *'The transformation programme is currently on track to deliver, and there will be learnings that can be applied to other parts of adult social care.'* The initial feedback also warned that *'progress on Adult Social Care change activities also depends on access to corporate support services and capability, which could be destabilised by the current Voluntary Redundancy process'*. Ensuring the sustainability of this programme and its progress remains of key importance over the coming months.

## **5. Background papers**

- Adults and Health Scrutiny Committee MLMF Report, April 2024
- Appendix A – Scrutiny presentation, April 2024
- Appendix B – MLMF May Update: Case Studies and Feedback