CABINET

Report subject	**ADULT SOCIAL CARE TRANSFORMATION**
Meeting date	17 July 2024
Author	Jillian Kay, Corporate Director of Wellbeing Betty Butlin, Director of Adult Social Services Phil Hornsby, Director of Commissioning
Executive summary	Adult Social Care (ASC) services locally and nationally have faced significant challenges in recent years, with an ageing population, increased demand for support and more complex needs. As a result, the Council is holding significant risk in relation to its ability to deliver statutory responsibilities within the available budget, to adults and their families who require support. The nature of these challenges means that long term, sustainable change is needed to ensure that BCP Council's ASC services are modern, preventative, fit for the future and affordable. This report sets out the ASC Transformation Business Case for Cabinet's consideration and recommendation to Council. It includes plans to establish the Fulfilled Lives Programme comprising four priority projects, with a proposed investment of £2.9m which will lead to improved outcomes for adults who draw on support within the BCP Council area. It is anticipated that the one-off investment will lead to recurring savings of approximately £3.5m.
Recommendations	**It is RECOMMENDED that Cabinet recommends that Council:** a) Approves the business case for a new adult social care transformation delivery model to improve outcomes for residents and to achieve financial efficiencies and savings enabled by investment. b) Agrees to the establishment of a formal transformation programme; 'Fulfilled Lives'.

	c) Agrees to the proposed investment of £2.9M, with Corporate Management Board being provided 6-monthly stage reviews on the progress of the transformation programme. d) Invites the Health and Adult Social Care Overview and Scrutiny Committee to provide regular scrutiny of progress towards benefits and sustainable change.
Reason for recommendations	The investment will enable improved outcomes for adults and their families within the BCP Council area, with effective and efficient services which are needed to fulfil statutory duties. In turn, this will lead to recurring savings of c.£3.5m.
Portfolio Holder(s):	Councillor David Brown – Health and Wellbeing
Corporate Director	Jillian Kay – Corporate Director of Wellbeing
Wards	Council-wide
Classification	For Recommendation and Decision

Background

1. Adult Social Care (ASC) services locally and nationally have faced significant challenges in recent years, with an ageing population, increased demand for support and more complex needs. As a result, the Council is holding significant risk in relation to its ability to deliver statutory responsibilities within the available budget to adults and their families who require support.

2. The nature of these challenges means that long term, sustainable change, over a 3-5 year period, enabled by investment is needed to ensure that BCP Council's adult social care services are modern, preventative, fit for the future and affordable.

3. The plans in this document follow a focussed period of scoping, called the 3-month Sprint, which was undertaken during February, March and April 2024. The sprint built on, and took learning from, a range of pre-existing areas of work and identified further opportunities based on national best practice.

4. These plans will enable Adult Social Care, with support from wider Council colleagues and partners, to deliver sustainable transformation and change to the way services are provided.

Strategic case for change

5. The Council's adult social care service has developed a strong understanding of its areas of strength and areas for development through a range of activities during 2023/24. This has included:

   a. The development of a detailed self-assessment as part of the Council's preparation for Care Quality Commission (CQC) inspection arrangements

    b. An LGA peer challenge to test the Council's self-assessment and offer recommendations on areas to focus attention

    c. An LGA financial review to support a greater understanding of the financial challenges and opportunities

    d. A bespoke safeguarding review undertaken by Partners in Care and Health

    e. Reviews of evidence from other local authorities and sector led reports on priorities for transformation including [ADASS - Time to Act](#).[1]

6. The above activities have highlighted that the current approach to the delivery of ASC responsibilities by the Council could be seen as quite traditional, with a need for transformation.

7. Some work is already underway within the service to transform service delivery, for example through strategies relating to extra care housing, care technology, day opportunities, and the Council's work to develop strengths-based practice through the Three Conversations approach[2]. This Transformation Business Case, however, aligns these separate pieces of work into a single coherent plan and identifies further opportunities based on national best practice.

8. The recent LGA financial review of adult social care in BCP Council concluded that the Council is a high spender on adult social care services, both as a proportion of overall expenditure and when spend is compared to other authorities.

9. Overall levels of spend will be affected by the relatively high number of older people but, despite having deprived areas, Bournemouth, Christchurch and Poole is not a deprived area overall. It is therefore reasonable to aim to bring levels of spend in line with the national average and potentially beyond that.

10. The demand for ASC services will continue to increase over coming years, which makes the case for change stronger and more pressing. This has been demonstrated in the BCP Council area by recent increases in key areas as detailed below:

    a. An increase in requests of 28% (or 601) from 2022/23 to 2023/24 for support to new people aged 18-64, and an increase of 7% (or 543) support to new older people aged 65+.

    b. More people contacting BCP Council in 2023/24 have needed long term support. Increased by 3% for both age groups from 2022/23 (59 people aged 18-64) and (121 people aged 65+).

    c. BCP Council has continued to support more people in 23/24 carried over from 22/23. We increased by 9% for both age groups from 2022/23 (108 people aged 18-64) and (155 people aged 65+).

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[1] Association of Directors of Adult Social Services (ADASS)

[2] Three Conversations is set out in more detail at Slide 41 of the business case appendix

d. The total number carers increased by 18% (or 1078) from 2022/23

11. It is anticipated that the investment will lead to recurring savings of approximately £3.5m. This estimated savings opportunity is based on benchmarking data, which shows that the Council spends more per head of the population on care than comparator councils. The benchmarking data is supported by detailed diagnostic assessments of current state and future state for four priority areas, alongside potential opportunities and savings identification. The four priority areas and the way in which the plans translate to savings is set out at paragraphs 14 and 24.

12. The proposed transformation of the ASC service delivery model is aligned with the national social care future vision and with the Council's operating model. The plans are based on national best practice in order to support a sound and robust transformation programme. It supports the following BCP Council transformation objectives:

   a. A council where customers are better understood and so better served

   b. Modern, efficient ways of working, that give colleagues flexibility to improve

   c. Savings to tackle our medium-term financial pressure and establish a sustainable operating model for the future.

Fulfilled Lives Programme

13. The 3-month sprint carried out detailed scoping work on the following recommended four priority areas:

How we work	We have evaluated our learning from the 3 conversations approach and analysed the data to work out how we create the conditions for this approach to thrive.
Better short-term support	We want to improve community access to short-term support (reablement), so that we can prevent more people from needing long term care. The sprint has helped us to plan how best to do this.
Self-Directed Support	We want more people to be in control of their own support. We have planned how to develop more community-based options for people to access through a Direct Payment or Individual Service Fund.
Support at Home	We have reviewed the current Support at Home provision and developed plans for future commissioning, to ensure that we enable people to stay as independent as possible in their own home

14. Plans have been developed to target the following opportunities:

   a. **Earlier, better targeted intervention** through the Three Conversations approach and use of technology, data and intelligence. Analysis of case data demonstrates that there are too many hand-offs and contacts which do not add value, as well as missed opportunities to intervene early with lower cost interventions. The introduction of online self-service and a defined prevention and early help offer has been demonstrated in other councils to reduce this significantly.

   b. **Making more use of short term reablement support** before long term care is considered. During 2023 only 12% of people who went on to

receive long term services received reablement support, which seeks to maximise people's ability to remain independent. BCP Council is ranked 129 of 152 authorities nationally for the percentage of people offered reablement following discharge from hospital at 1.3% The plans would aim to bring this at least in line with the England average of 2.9%.

c. **A more diverse market of support that can be self-directed**. 85% of BCP Council spend on care costs is on traditional services (care homes, domiciliary care, day care). The plans will target a significant reduction in this. A more diverse market, with a greater focus on self-directed support will enable more needs to be met through more cost-effective means (with more traditional services available for those who need them).

15. It is proposed that the 3-month sprint will now move into a formal transformation programme, Fulfilled Live, comprising of four individual projects.

Fulfilled Lives Programme

Project Objectives

How We Work	1) Technology is used to support new ways of working and to reduce demand
	2) The right people with the right skills intervening at the right time
	3) Good quality data and intelligence is used to drive our approach
	4) A stronger focus on preventative approaches
	5) Reducing spend on long term support as a result
Self-Directed Support	1) Improved systems and processes for accessing self-directed support
	2) There is a more diverse and available provider market
	3) Improved culture and practice towards self-directed support
	4) Residents are supported to embrace self-directed support
Support at Home	1) Develop a clear procurement timeline
	2) Establish and define what support at home model we want in the future
	3) Procure, establish and define new model of support at home
Short Term Support	1) Define, establish and embed new Reablement model
	2) Establish key performance and quality data metrics for Reablement
	3) Delivery service improvement plan

16. The programme will take an agile approach, to learn and adapt as it progresses. The approach has been taken because of learning during the 3-month sprint, and recognition that delivering transformation within complex systems like ASC can be challenging – doing everything at the same time can lead to failure to deliver benefits.

17. The programme will have an overall roadmap, divided into 6-month stages. At the end of each stage, we will assess, review, learn and reflect, before commencing and mobilising the appropriate next stage. Summaries of the

diagnostic assessments and roadmaps are included in the business case appendix.
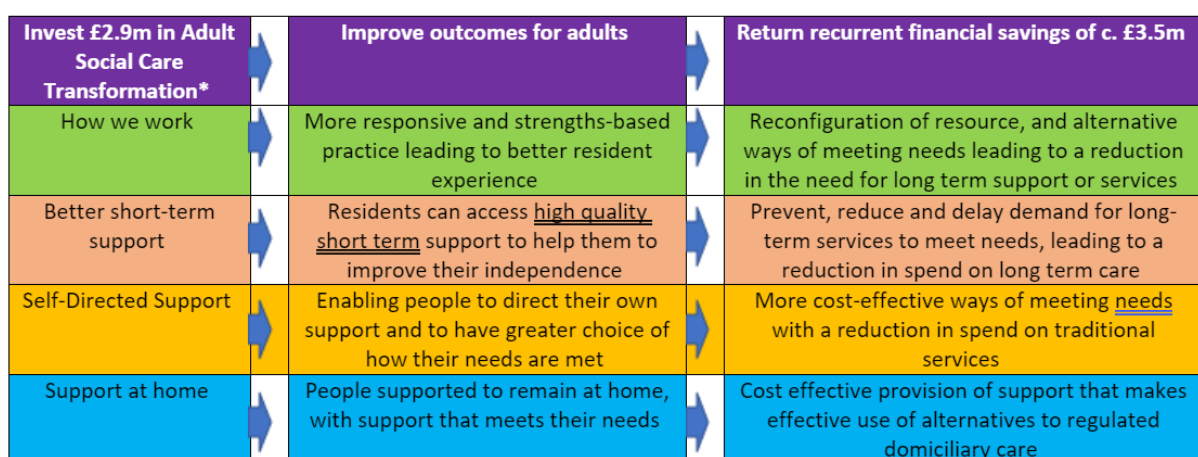
18. The programme will report to the Corporate Management Board on a 6-monthly basis, covering progress on delivery and tracking of risks and assurance around benefits.

Programme savings, benefits and investment

19. Analysis of the Council's spend per head of population and work with the LGA identified that there were opportunities to reduce ASC spend over time and the importance of having a detailed transformation plan/business case that set out resources and capacity needed to bring about long-term sustainable efficiencies over a 3-5-year period. There was a clear acknowledgement and appreciation that there would need to be investment to bring about the transformation.

20. Since working with the LGA, we have begun to implement areas of change where we are seeing green shoots develop; areas such as strength-based (Three Conversations) working, improving our Mosaic case management system and culture.

21. This has positively impacted on several areas that are showing a reduction in expenditure, but the service requires the investment outlined below to deliver the roadmap and achieve sustainable savings and transformation. Without investment, the transformation will not be possible and the long-term consequences for the Council's finances are challenging.

22. The proposed investment of £2.9M will be drawn from the flexible use of capital receipts.

23. Costs and benefits – overall programme

Category	Element	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Transformation Investment	Programme Management	£31,000	£430,500	£448,500	£85,500	£0	£0	£995,500
Transformation Investment	Self Directed Support	£22,500	£138,000	£26,500	£0	£0	£0	£187,000
Transformation Investment	Short Term Support	£8,500	£67,000	£43,000	£0	£0	£0	£118,500
Transformation Investment	Support at Home	£14,500	£80,000	£62,000	£0	£0	£0	£156,500
Transformation Investment	How we work	£9,500	£810,856	£538,970	£122,830	£0	£0	£1,482,156
Total one off investment	Total one off investment	£86,000	£1,526,356	£1,118,970	£208,330	£0		£2,939,656
Income	Flexible use of capital receipts	-£86,000	-£1,526,356	-£1,118,970	-£208,330	£0		-£2,939,656
Total one off Income	Total one off Income		-£1,526,356	-£1,118,970	-£208,330	£0		-£2,939,656
Transformation saving	Change in LTC domiciliary care spend		-£250,000	-£327,740	-£409,265	-£488,172	-£160,934	-£1,636,111
Transformation saving	Change in LTC residential care spend		£0	-£450,507	-£446,002	-£441,542	£0	-£1,338,050
Transformation saving	Staff savings resulting from Mosaic provider portal		£0	-£105,000	£0	£0	£0	-£105,000
Transformation saving	Reduction in average cost of support for LD		£0	-£78,000	-£104,000	-£130,000	-£156,000	-£468,000
Total recurrent annual saving	Total recurrent annual saving		-£250,000	-£961,247	-£959,267	-£1,059,713	-£316,934	-£3,547,161
Cumulative annual saving	Cumulative annual saving		-£250,000	-£1,211,247	-£2,170,514	-£3,230,227	-£3,547,161	

24. The table below sets out how each individual projects will lead to improved outcomes and how that translates to reduced spend on services:

Invest £2.9m in Adult Social Care Transformation*		Improve outcomes for adults		Return recurrent financial savings of c. £3.5m
How we work	→	More responsive and strengths-based practice leading to better resident experience	→	Reconfiguration of resource, and alternative ways of meeting needs leading to a reduction in the need for long term support or services
Better short-term support	→	Residents can access high quality short term support to help them to improve their independence	→	Prevent, reduce and delay demand for long-term services to meet needs, leading to a reduction in spend on long term care
Self-Directed Support	→	Enabling people to direct their own support and to have greater choice of how their needs are met	→	More cost-effective ways of meeting needs with a reduction in spend on traditional services
Support at home	→	People supported to remain at home, with support that meets their needs	→	Cost effective provision of support that makes effective use of alternatives to regulated domiciliary care

25. The assumed changes in the numbers of domiciliary care packages and residential care placements in each year is set out in the below table. These changes will need to be netted off increases already built into the MTFP for demographic growth. For example, if demographic growth assumes growth of 25 domiciliary care packages in 2025/26, then the net position will be an increase of the (25 minus 22). The assumptions are based on the average weekly cost per package/placement for 24/25.[3]

Placement/package type		2024/25	2025/26	2026/27	2027/28	2028/29	Total
Change in 65+ domiciliary care (number of packages)		-18	-22	-28	-33	-11	-101
Change in 65+ residential care		0	-10	-10	-10	0	-30

26. In addition to the assumed changes in packages of care and residential care placements, the Fulfilled Lives transformation programme will have a set of key performance indicators that underpin the programme and ensure further robust monitoring of progress and delivery of benefits. The proposed performance indicators are included at Appendix 1.

Summary of legal implications

27. The Council are required by law to provide and hold direct accountability for the effectiveness, availability and value for money of Adult Social Care services. The functions are set out in legislation including Care Act 2014 (legislation.gov.uk)

28. Statutory roles are required to be held by the Council and this includes a Director of Adult Social Services (DASS) and a Principal Social Worker (PSW).

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[3] 65+ Domiciliary care £352.35
  65+ Residential care £1.070

29. The quality of ASC services is inspected by the Care Quality Commission (CQC) against a quality framework.

30. The recommendations in this paper will improve the Council's ability to discharge these duties more effectively and to secure a positive CQC rating.

Summary of human resources implications

31. Human Resources processes will be followed, as required, during recruitment around resources for delivery.

Summary of sustainability impact

32. There are no sustainability implications within this report.

Summary of public health implications

33. Relationships with Public Health partners will be improved with transformed ways of operating ASC services, particularly around prevention and population health.

Summary of equality implications

34. Full EIA documentation will be completed and reviewed at Panel (as required) during implementation of transformation plans e.g., policy change or development, service change or development.

35. The ASC strategic approach to Equality, Diversity and Inclusion aims to support transformation work with improved data and workforce support.

Summary of risk assessment

36. It has already been acknowledged in this report that, by doing nothing, the Council is holding significant risk in relation to its ability to deliver statutory responsibilities within the available budget to adults and their families who require support. These risks are mitigated by these ASC Transformation plans and Business Case.

37. Programme risks have been identified and mitigations put in place, with clear escalation processes for each workstream. The recommendations include regular reporting to the Corporate Management Board and scrutiny by the Health and Adult Social Care Overview and Scrutiny Committee.

Item	Risk Description	RAG	Mitigation
1.	**Leadership** – potential risk of lack of leadership capacity and coherence to support the programme.	12	Establish programme governance with Fulfilled Lives programme board being the senior responsible board for delivery of objectives. Board will have visibility and sight of any capacity challenges within the leadership team.
2.	**Benefits realisation** – potential risk that benefits may be overstated within the initial business case and as a result ability achieve savings/benefits will be challenged.	9	Benefits have been based on sound activity data and national benchmarking. Each individual project will be clear on the makeup of savings and any potential challenge will be captured and escalated early via the programme board.
3.	**Resourcing** – Risk that the ability to recruit to roles that support programme delivery may be challenged leading to delay and achieving programme deliverables.	12	Early engagement with HR to ensure recruitment is activity progressed at pace to avoid delay.
4.	**External factors** – Potential risk that CQC inspection takes place during key programme mobilisation OR alternative legislative changes impact programme delivery.	12	Consideration of temporary pausing some element of transformation to ensure appropriate focus on CQC.
5.	**Mosaic Re-procurement** – The current case management system for ASC (Mosaic) expires in December 2026. A re-procurement exercise leading to an alternative supplier would significantly impact programme delivery.	15	Re-procurement of case management system to be initiated and mobilised as early as possible to ensure adequate time to manage risks.

Recommendations

38. Cabinet is asked to consider and support the contents of this report and associated ASC Transformation Business Case.

Appendices

Appendix 1 – Performance indicators
Appendix 2 – ASC Transformation Business Case

Appendix 1 - Key performance indicators

Workstream	Key performance indicator	Baseline BCP performance	England average (where known)	What does good look like
Programme	Gross current expenditure on adult social care per adult aged 18 and over	557.18	523.95	BCP Council spends more on ASC support in comparison to other local authorities (6.3% more than the England average in 2022/23).
	Spend on long term care per person, aged 18-64	269.21	264.46	Current spend is slightly higher than England average, aim should be to bring at least in line with England average
	Spend on long term care per person, aged 65+	1039.39	872.83	Current spend is significantly higher than England average, aim should be to bring at least in line with England average
How we work	Average number of people per month referred to LTC locality teams for care act assessment	290 of which 35% (102) receive an assessment and 9% (27) receive a service	Not available	Aim for reduced number of referrals for assessment and 90% of those referred receiving an assessment (any of C1,C2 and C3)
	Average number of people per month receiving a service from LTC teams	27 per month	Not available	Aim to reduce the number of people prescribed a service by Long Term Conditions teams (which accounts for 50% of all services prescribed)
	% people offered technology enabled care as an alternative to other types of long term support	Not currently measured	Not available	Aim to increase the % of people offered technology enabled care as part of C1 or C2 who don't go on to need other services.
Better Short-term support	% people still at home 91 days after discharge from hospital into reablement	71.60%	82.30%	Data from 2022/23 ASCOF returns show BCP performance as 139th nationally. Aim to bring in line with England average
	% people offered reablement support following discharge from hospital	1.30%	2.90%	Aim to bring in line with England average, but also monitor access to reablement from community teams
	% of people receiving a long term service who received reablement support first	12%	Not available	Local data shows very low use of reablement before long term support is provided. Six steps to managing demand analysis suggests this figure should preferably be more than 70%
	Spend on short term care per person, aged 65+	1.42	69.43	Spend on short term care per older person is significantly lower than the England average
Self-Directed support	% of overall ASC expenditure spent on traditional services	85% of ASC spend on care costs spent on traditional services (care homes, dom care and day care)	Not available	% spend on non traditional services should be tracked as an indicator of the success of efforts to
Support at home	% of people who receive less than 10 hours of domiciliary care a week (as a proportion of all older people receiving dom care)	41%	Not available	Six steps to managing demand analysis suggests this figure should preferably be no more than 15%