Children & Adults Health & Wellbeing Policy Development Scrutiny Panel

8th April 2022

Adult Social Care Transformation – Update Report

Introduction and context

This reports intention is to update Children's and Adults Health and Wellbeing, Policy Development Scrutiny Panel on the progress to date on transformation of Adult Social Care.

Adult Social Care has changed since the pandemic began in 2020. In June 2021 Adult Social Care knew it had to adapt and change to the profile of need and demand as the possible pent-up demand expected in 2022/23 - 2024/25 is unkown.

Adult Social Care has been required to find more effective ways to keep people in their own homes or communities for as long as possible, to avoid hospital admissions, delay or reduce their escalation of need and find innovative ways to meet their social care needs.

Our close working with the NHS and our wider community partners ensures we continue to promote, maintain, and enhance people's independence so that they are healthier, stronger, more resilient and less reliant in the future on formal Social Care services. Doing this is better is good for people in terms of their longer term outcomes and better for B&NES Council to help make funding go further. It is also better for system health partners as it will help reduce hospital admissions and the length of stay.

Where people experience a crisis in their lives, rather than intervening to remove people from the crisis we will work with them and their families to manage the crisis, become more resilient and develop skills to deal with issues in the future.

As part of the transformation programme the transitions service will engage earlier with children and young people who are receiving help from Children's Social Care and Education. Some of these children and young people may go on to require care when they become an adult. Engaging earlier by, providing advice and information to families on the criteria for receiving adult services will help set expectations and ensure we can meet their aspirations and outcomes. Most of all we need to ensure that there is no gap in support as young people move between the two services, which means we need to have an all-age focus.

Where people do need support, we will make it as easy as possible to access services. People will be able to get the help, advice and support they need online, by phone and through the Community Wellbeing Hub or where required through home visits. On first contact with people, we will endeavour to resolve their problems as quickly as possible and seek to utilise support from families and communities before resorting to formal Social Care services. People will be encouraged to seek help earlier as their needs are more likely to be met by wider support services at that time and there is evidence that such interventions help people to be more resilient.

Overview of Governance and Monitoring Arrangements

The Adult Social Care Internal Transformation Group (ITG) has been meeting monthly since July 2021. This transformational group oversees each of the 7 Adult Social Care transformation projects, with highlight reports submitted by the project leader and manager. The Adult Social Care team is currently reviewing with the

Director of Business Change & Customer Services the best approach for governance and monitoring of transformation moving forward.

The ITG provides robust assurance of the progress made on each of the transformation projects against project plan timescales and milestones. The ITG continues to meet monthly and interrogates each of the transformation project highlight reports to ensure all risks are identified and mitigation actions and solutions proposed. The ITG provides an opportunity to identify project interdependencies across the transformation projects and wider interdependencies with council savings targets and business as usual service development and improvement projects.

The table below summaries the RAG rating reported through the internal transformation group highlight reports from July 2021 to February 2022, as an indication of level of project progress and any associated risk impacting on progress.

ASC Transformation RAG Rating:	Low	Medium	High					
Workstream	**Jul-21**	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Jan-22**	**Feb-22**
Early Intervention & Community Resilience	Green	Amber	Amber	Green	Green	Green	Green	Green
Optimising the Front Door	Red	Red	Red	Green	Green	Green	Green	Green
Social Work Processes & Interventions	Red	Red	Green	Green	Green	Green	Green	Green
Reablement	Amber	Amber	Amber	Green	Amber	Green	Green	Green
Community Mental Health Framework	Green	Amber	Amber	Amber	Amber	Amber	Amber	Amber
Transitions	Amber	Green	Green	Green	Green	Red	Amber	Amber
Redesigning Liquid Logic	Red	Amber	Amber	Green	Amber	Green	Green	Green

Overview of Adult Social Care Transformation Projects

The following Adult Social Care transformation projects commenced during 2021/22:

- Community Resilience; Social Care Front Door and Social Care Processes and Interventions
- Reablement
- Community Services Framework – Mental Health
- Transitions
- Redesign Liquid Logic

Community Resilience; Social Care Front Door and Social Care Processes and Interventions

The three projects: Community Resilience; Social Care Front Door and Social Care Processes and Interventions have been developed to strengthen the offer provided to the people of B&NES by Adult Social Care, and the three projects are being undertaken jointly with HCRG Care Group. The prime focus of the work is to ensure that people contacting Social Care have an easier, clearer way of accessing information, advice and support as required.

For the people who use the service the prime focus is to make sure that people contacting Social Care have a clearer way of accessing information, advice and support as required. This will be achieved by improving the access points to Social Care information, primarily through the HCRG Care Group Social Care "Front Door", but also ensuring that if people make contact through other routes, for example, the Community Wellbeing Hub, they are immediately transferred to someone who can support them.

The community resilience work will also be reviewing the support available for adults in the community; enhancing the use of third sector providers and strengths-based approaches when supporting people (focus on supporting people to remain independent rather than the provision of services) This might be in respect to information but also building closer links with Primary care networks and the social prescribing schemes. The work will also improve the understanding of commissioning gaps so these can be addressed to improve the range of support available to the people of B&NES. Individuals who require formal Social Care support will see an improvement in the response provided at the Social Care front door. This will be monitored as part of the project.

It is expected that these changes will result in people being supported to maintain their independence for longer through input from Reablement when a person's needs change to ensure that their independence is maximised using technology, equipment and therapeutic input before long term social care support is provided.

The work will also improve the way that assessments and reviews are recorded so that clearer, more accessible paperwork is shared with the person. The front door in Social Care will also ensure that where people need support from health professionals or other organisations this is provided without the person having to try to navigate through the system themselves.

The processes that Social Care teams use to access third sector providers and commissioned services will be simplified and improved. Revised quick guides are being developed that outline the quality expectations for the Social Care teams and how they can access the information they need to support people. This will include quick guides to policies and legislation. The projects will ensure improved data reporting focus on the outcomes for individuals and evidencing the impact of strength-based conversations.

An initial pilot has been completed at the first point of contact in community resilience. This has led to changes in the initial plan with the skills of the Social Care staff being used to support people through the provision of information, advice and signposting.

At the front door the links with the Reablement project and work with the acute and community health colleagues continue to be developed to ensure that those requiring Social Care support have timely access to resources from across health and social care. Good practice guides are nearing completion and the Liquid Logic Adult Social Care system is being changed to remove duplication and ensure that the information recorded can be more easily shared with people.

It is anticipated that the Social Care teams will be working to the new operational model from April 2022, but the changes required in relation to Reablement, and some aspects of the Liquid Logic process will be implemented throughout 2022/23. The work undertaken in Community Resilience will provide a firm basis for further developments in commissioning and wellbeing/prevention whilst improving the response provided to the public.

Reablement

The terms "Reablement" and 'Intermediate Care' are both used to describe a range of integrated services that promote fast recovery from illness, prevent unnecessary acute hospital admission and premature admission to long term residential care, support timely discharge from hospital and maximise independent living".

HCRG Care Group are commissioned to provide the B&NES Reablement service, a strengths-based, person centred approach that promotes maximised independence and well-being. It aims to ensure positive change using user-defined goals and is designed to enable people to gain (or regain) their confidence, ability, and necessary skills to live as independently as possible.

The aim of the transformation project for B&NES is to deliver improved flow across the B&NES system, to reduce the ongoing pressure within health and social care, with a specific focus on redesign of the Reablement pathway. As a result of this work, the public should experience a timely discharge from hospital to reduce delays and ensure that patients are discharged safely from hospital.

For the people of B&NES the Reablement project will deliver the following improved outcomes:

- Capacity to see more patients/service-users
- Patient/service-user experience is positive including the use of goal setting and achievement
- Performance and quality of the service, for example, able to facilitate hospital discharges in a timely way

BSWCCG and B&NES Council work in partnership with HCRG Care Group and a Reablement Steering Group is in place to oversee the project work. A Reablement Service Development Plan has been developed with an identified project manager supplied by South Central and West Commissioning Support Units Strategy and Transformation Unit (BSWCCG). In addition, a working group with key service personnel has also been started which meets weekly and reports to the bi-monthly Reablement Steering Group. The working group, via the project manager, also provide regular highlight reports based on the service development plan and risk register.

The Service Development Plan and approach was created in July 2021, with an overall aim to deliver the new Reablement service model, including project aims, scope and deliverables. The project to date has been delivered using continuous improvement principles such as the NHS Quality Service Improvement and Redesign methodology (QSIR). The plan and the approach have been agreed with the B&NES quality leads and there is also quality representation at the working group meetings.

The project has delivered a new summary service description, service criteria, current state pathways, a future model state and identified substantial areas for attention. As a result, the implementation of the above requires further planning and it is also likely that service improvement work will be required past March 2022. The summary service specification will be used as a building block for the revision of the overall service specification.

There is a risk log included in the Service Development Plan with one of the keys risks relating to changes to the national targets (2 hour emergency response) and the implications for the Reablement service.

The Reablement Steering Group has also recently reviewed its terms of reference and has updated the overall Service Development Plan to include actions to take us to the end of March 2022 and the production of the overall service specification. Furthermore, additional consideration is being given to the effects the new 2-hour emergency response target (1st April 2022) and linkages to other adult Social Care transformation projects and how that can be managed to ensure the Reablement service continues to be effective and meets the needs of the B&NES population.

Community Services Framework (Mental Health)

NHS England approved the B&NES, Swindon, and Wiltshire (BSW) submission to expand and transform local integrated models of primary and Community Mental Health Services for Adults (16 years+) and older adults with severe mental health problems in March 2021.

The model builds upon the BSW Thrive Strategy and will be fully transformational across primary, secondary and third sector services. The Community Services Framework Infrastructure Providers for the B&NES locality are AWP, Oxford Health, and Bath Mind. CSF 3rd sector providers for the Swindon locality are Swindon & Gloucestershire Mind, and for Wiltshire they are Alabare and Rethink.

The B&NES locality-based implementation of the Community Services Framework (CSF) forms a part of the Adult Social Care transformation priorities and our B&NES locality responsibilities currently include:

- Any localisation needed, for example, in B&NES need to ensure consideration is given to the needs of our student population - instigated a meeting to bring together the B&NES locality based representatives on each system-level

subgroup, to ensure a better understanding of the priorities and needs in B&NES across organisations and communities, therefore improving the ability of those individuals to represent B&NES as a locality. The group meets every other month.

- Co-production and engagement locally (although some will be system wide) - made a commitment to running at least 1 co-production event per quarter in each locality. The engagement undertaken in Q1 and Q2 have been independently facilitated.

- Locality communications - must ensure a formal and regular communication across Bath & North East Somerset. This is being worked on at system level and our role will be to ensure appropriate onward publicity in our locality.

The ambition is that by the end of the three-year transformation (31/03/2024), each Primary Care Network will have access to (virtual) mental health multi-disciplinary teams ("the team around"), to eradicate the polar, process-driven model, implementing a model that matches timely clinical / non-clinical intervention to need, provided by the right worker / professional in the right place on the pathway. The key features of the model include:

- Early and timely access to the right support, focusing on prevention and early intervention
- No wrong front door, operating a 'warm transfer' transition approach
- Creation of key named workers/professionals to Primary Care Networks
- Cessation of linear stringent referral processes and criteria
- Advice and guidance function
- An 'all age' response
- Move from [often repeated] assessment to provision of person-centric support and clinical/non-clinical intervention
- Seamless model of care, removing cliff edges; integrated care and working partnerships
- Support and treat all levels of mental health need and wider determinants - enhancing community resilience
- Non-clinical and social outcomes-focused, with bespoke support based on self-directed need and preferences
- Multi-agency response to need, with data sharing agreements to enable integrated records across whole system
- Consistency of support and intervention; core model with locality/neighbourhood level adaptations to meet population health needs

Progress against the B&NES responsibilities are on track and there are currently no overdue elements. However, it must be noted that system-led milestones are likely to

be missed at the end of the first year of implementation due to demand within the system. The main system level milestones for year 1 that have slipped are:

- Recruitment of baseline transformation workforce - flagged as a national issue
- Quarterly system wide review with outcome metrics to track progress against project plan - NHSE are agreeing metrics and will disseminate when confirmed
- Delivery of shared care formulary linking into Primary Care
- Commencement of some of the priority pathways (Eating Disorder and Complex Emotional Needs (previously referred to as Personality Disorder) pathways were identified as particular priorities for year 1)
- Regular coproduction meetings

Risks identified include:

- B&NES actively influence transformation to ensure the model works for the B&NES locality, specifically that our social work function within AWP is sufficiently understood
- wider stakeholders do not clearly understand the expectation of them within CSF transformation
- Concern the system is struggling to identify staff who will participate in the sub groups appropriately
- Place based verses system based development and where lead responsibility lies
- No contract yet in place with CSF third sector organisations, therefore delivery and recruitment is proceeding at risk to providers
- Capacity within commissioning function due to staffing changes, there is an urgent requirement to recruit a replacement for commissioner project lead and project manager

Transitions

In January 2021 B&NES adult commissioners undertook a 14-25 years' Transitions Review. The review made several recommendations across 13 core focus areas to improve current process and practice. One of the recommendations related to the Transitions pathway and to determine whether aspects of adults and children's services could be consolidated to enable a smoother transitions pathway for young people.

For the people of B&NES the aim of the Transitions project is to help young people and their carers have a better experience of the transitions process from children's to adult services by improving the way it's currently delivered. The new operating model is expected to deliver the following benefits:

- **Streamlined processes** to improve the service user experience and the Preparing for Adulthood (PfA) journey
- **Reduced assessment** waiting times

- **Increased pathway routes** for young people with complex needs to limit those 'falling though the gap' (young people not currently meeting the threshold, mental health needs & inpatient)
- **Integrated ways of working** across children's and adult services to ensure that young people and their families receive a consistent level of service
- **Robust governance** to ensure service level agreement timelines are being met
- **Clearer expectations** of what to expect in service delivery

Other benefits to B&NES include:

- **A clear line of accountability** across the whole of transitions with clearly defined roles and responsibilities
- An opportunity to **develop workforce training needs** to better meet the needs of young people transitioning to adulthood
- **Meet best practice** guidelines
- Identification of **operational efficiencies**

Children's services are currently in the process of developing an outcomes framework. Alongside this work, a 'Transitions Dashboard' is being built which will include the specific outcome measures relating to transitions for young people with complex needs and disabilities. Therefore, Transitions outcomes will directly feed-off the overall children's services outcomes framework, and this is expected to be complete by May 2022.

The purpose of the Transitions project is to develop a fully costed options appraisal to identify a seamless pathway for all young people with complex needs and disabilities transitioning to adulthood. Phase 2 of this project will focus on implementing the preferred option. The following options will be appraised:

Option 1: Strengthen the existing model - maintain the existing Transitions process 'as is' and identify the additional resource required to support current 18+ transition caseloads

Option 2: Commission a Complex Needs Transition Service targeted at 18 -25 years - develop an 18-25 service that is made up of adult social care professionals, adult health professionals and SEND team members

Option 3: Extend the Children's Joint Agency Pooled (JAP) budget to meet the needs of people with complex needs up to the age of 25 years if required - the JAP budget currently funds young people up to the age of 18 with a contribution from adult social care, the JAP budget could be extended up to the age of 25 years

Option 4: Change 0-18 services across health and social care to 0-25 services - existing services are transformed to include an integrated health, social care and education service

Option 5: A virtual 14 - 25 years' Transitions team - develop a matrix managed team out of SEND team, adult social care, children's social care and (possibly) health professionals

To date, the Transitions Project Working Group has met in total for 5 project sessions since December 2021, and the group have:

- Developed and signed off the PID
- Identified areas where the system is not working in as seamless way for people moving between Children's and Adult Services
- Developed the scoring criteria for the options appraisal and agreed weightings
- Undertaken 'trial run' of scoring criteria
- Developed transitions vision statement (jointly agreed)
- Options Evaluation Scoring Workshop to take place on 9th March 2022

The redesign of this service will be expected to deliver positive outcomes for young people and their families who transition into Adult Social Care through new model implementation April 2023.

Redesign Liquid Logic

The Liquid Logic system is the case management and recording backbone of the Social Care services provision and represents a significant investment for the Council.

As with all systems, processes need to be regularly reviewed to ensure that they remain current, effective and efficient. The redesign project is reviewing the established system workflow in Adult Social Care to determine if the current usage of the Liquid Logic system product is best utilised and to what extent there is a requirement of some redesign to either the system or user processes. There are 3 levels to address within the project:

- **Form and process refresh** - those current processes which need tweaking to take advantage of modifications available through updates to the system, such as the addition of the placement address or small amendments to forms which have no impact on the workflow design

- **Application modifications** - some remodelling or retraining, for example, at the 'front door' where forms need modifying and elements of the workflow need reinforcing or redesigning for a smoother entry into Adult Social Care

- **Significant change** - those areas which are being underused, such as portals and brokerage and will require building or 'switching on', training and implementing. Also, the implementation of portals; working with providers in the first instance and eventually the public; will bring gains in access, accountable and potential savings from manual processing

For the people of B&NES the aim of this project is to ensure individuals receive a more connected service as each of their assessments become part of one record rather than several. The use of portals and improved web pages will allow for service users to embrace independent access to services that are universal, non-commissioned and commissioned. Improvements at the 'Front Door' will assist where services users don't or can't access these internet-based entry points and people are better supported to navigate the social care system.

For the professional teams using the Liquid Logic system, the project will support improved engagement through consultation, ensuring suggestions and issues are considered as part of the development process. An additional benefit is the development of a leaner system which supports Social Care staff to accurately and consistently record what is required for the safety and wellbeing of service users. Project work to date has facilitated the identification with social care staff on the specific forms form's to be updated and processes to be revised.

For Adult Social Care service manager's the project will deliver increased data quality that will lead to improvements in reporting capacity and intelligence, and in turn, inform decision making through robust evidence built on detailed and accurate information.

As a future element to the project there is consideration of the benefits of joining the PAMMS network (Provider Assessment and Market Manager Solution). However, this needs to ensure that Council services and recording are robust before embarking on another system integration project.

The following project risks have been highlighted if focus is not provided to continue to develop process and maintain systems:

- Data quality becomes an issue as well as compliance with current and future legislation around social care and health care duty of care responsibilities
- Lack of control over data recording in turn could lead to mismanagement of funds and other resources
- Without accurate data, services cannot plan for future service demands

A future consideration for this project is the introduction of the cost cap from October 2023, as this will require significant preparatory work, including system configuration, and this will impact on progress with other Liquid Logic developments. The implementation of the cap will require new functionality to be developed and rolled out for Controc, which fully integrates with the Liquid Logic system, and this is likely to involve a form of online application process and assessment process so a 'client portal' being implemented is now more likely required to be developed as part of the system.

Financial Saving Target

The past two years have been unprecedented and whilst the ability to respond at scale in a crisis is astounding, the cost to services and the users that rely on them is all too clear, and future plans will need to think carefully about where resources are come from to address such priorities.

The impact of the pandemic has increased pressure on funding. Although some of this increase may be temporary, underlying pressures are expected to build as a result of demographic changes, the long-term impact of COVID-19, rising care costs and the impact of Social Care Reforms. Social Care as an integral part of our society and economy is facing a challenging financial landscape of the next few years.

There is an opportunity to ensure that the services we provide for our local population are making a difference and adding value; COVID-19 has heightened our understanding of the impact that inequalities, self-care, and prevention can have on mortality and resulting increasing demand for services.

The transformation programme that Adult Social Care services are undertaking is expected to deliver savings through efficiencies of £4m over 3 year period from 2022 to 2025. The expected profile of delivery is set out below.

	Year 1	Year 2	Year 3
Efficiency Delivery Plan	£'000	£'000	£'000
Total	**1,000**	**1,750**	**1,250**

Whilst year 1 is included in the 2022-23 savings for Adult Social Care services, the profiles for years 2 and 3 may change as the work progresses.

The expectations are high and for the transformation plans to succeed and there is a need to put services in the strongest place to respond. The plans detailed will provide significant opportunities to not only deliver the efficiencies required but direct our resources accordingly.

The breakdown of the 3-year profiling is detailed below. Whilst some schemes are not directly named as part of the transformation programme, the inter-dependencies are such that it is considered they will provide savings under the umbrella of Adult Social Care transformation.

	Year 1	Year 2	Year 3
Efficiency Delivery Plan	£'000	£'000	£'000
LD Pool review	500	650	200
Transitions	200	500	500
SLS Expansion	150	150	150
Front door review	150	250	250
Early Intervention & Community Resilience		200	150
Total	**1,000**	**1,750**	**1,250**

*LD – learning disability & SLS – supported living service

- Discussions are underway to review the LD Pool and recognise the increasing needs and complexities of the client's that are funded from within. This will

recognise the appropriate funding split for the client's needs rather than the current split of 23/77 (Health/Social Care) applied to all

- Work to scope the full extent of young people, current placements and costs and timings of transitions has commenced jointly with children's services
- The non-accommodation based SLS expansion within HCRG Care Group is expected to commence on the 1st of April 2022, pending successful recruitment of staff by HCRG Care Group
- Work on the front door' continues and will review the impact that work to date has already had on this during the pandemic period and the use of other pathways

Conclusion

As stated earlier, the Adult Social Care team are currently reviewing key areas of focus for transformation in the future. The key white papers released by the Department of Health and Social Care have influenced the review of the new transformational approach.

In December 2021 white paper, people are at the heart of care - Adult Social Care sets out a 10-year vision for adult social care and provides information on funded proposals that we will implement over the next 3 year

Build Back Better Our Plan for Health and Social Care - which was updated on the 5th of January 2022, now includes the new adult social care charging reforms.

In February 2022 the DHSC released Health and Social Care Integration- joining up care for people, place and population

The following changes in Adult Social Care system will have an impact on how services respond new legislation for:

- New Care Quality Commission (CQC) inspection regime for Adult Social Care which is expected to mirror the Ofsted inspection process
- Liberty Protection Safeguards (LPS) will replace the Deprivation of Liberty (DoLs). LPS will apply to everyone from the age of 16 years. While DoLs applies only to people in care homes and hospital, LPS will apply to people in supported accommodation, shared lives and their own homes

The aim is to develop a transformation plan by end August 2022 that clearly articulates an Adult Social Care 5 year transformation plan for the newly identified focused priorities of:

- **Build Back Better –** reforming adult social care to create a sustainable adult social care system that is fit for the future

- **Transitions -** implementation of the recommendations from the transitions review to deliver a smoother transitions pathway for young people into adult social care

As Adult Social Care develops a 5 year transformation plan the following underlying principles will be applied:

- **Offers choice, control and independence to care users** – so that individuals are empowered to make informed decisions and live happier, healthier and more independent lives for longer;

- **Provides an outstanding quality of care** – where individuals have a seamless experience of an integrated health, care and community system that works together and is delivered by a skilled and valued workforce; and

- **Is fair and accessible to all who need it, when they need it** – ensuring that fees are more transparent, information and advice is user-friendly and easily accessible, and no one is subject to unpredictable and unlimited care costs

The 5 year plan will also highlight areas of change activity for ongoing service development and improvement that will focus on achieving independence optimising commissioning.

In December 2021 the decision was taken to review the Social Care Transformation Board's key activities following a 6 month period. Until December 2021 the Adult Social Care Internal Transformation Group (ITG) had reported into this group. This has resulted in a new governance structure being developed for corporate oversight of business change across the organisation and the future Adult Social Care transformation priorities will report through this new governance structure.