

**ADULTS SCRUTINY
20 APRIL 2021**

ADULT SOCIAL CARE TRANSFORMATION PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. The purpose of this paper is to update Scrutiny on the progress of the Adults Social Care Transformation Programme, which was last reported in August 2020.

Summary

2. The Care Act provided the context to review and implement a new operating model for adult social care services to support the delivery of good quality services at a sustainable cost.
3. The Transformation Programme is enabling the delivery of a modern services which are Care Act compliant and work in partnership with people to maximise their individual strengths and assets.
4. This is a rolling programme, there are currently several projects in progress, with varying degrees of complexity.

Recommendation

5. It is recommended that:-
 - (a) Scrutiny Committee note the progress on plans to transform Adult Social Care.
 - (b) Members ask any questions and request further information.

**James Stroyan
Director of Children and Adults**

Background Papers

None

Elaine Taylor: Extension 6079

S17 Crime and Disorder	n/a
Health and Well Being	Adult Social Care is central to health and wellbeing
Carbon Impact	None
Diversity	If significant changes are proposed an EIA will be undertaken
Wards Affected	All
Groups Affected	People in receipt of, or potentially in receipt of Adult Social Care
Budget and Policy Framework	MTFP
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Aligned
Efficiency	New ways of delivering care have the capacity to generate efficiency

MAIN REPORT

Information and Analysis

The need for Transformation

6. As detailed in the previous updates the need for Transformation arose due to services needing to be modernised and Care Act compliant, as well as increasing pressures on Adult Social Care Resources.

Programme objectives

7. To develop a new, modern operating model that will be sustainable going forward.
8. The vision is being delivered through a systematic and controlled delivery of projects and task and finish activities that are separated into 5 work streams: -
 - a) **Managing Demand** – This workstream aims to deliver the care act principles of Empowerment and Protection at the first point of contact. Focussing on a robust preventative approach which is delivered through effective signposting and self-screening; an effective first point of contact and improved use of assistive technology. Enabling independence will divert those at risk of becoming vulnerable due to health and care needs away from dependence on formal care systems. Individuals will be able to access information and advice to help them manage their care needs. They will know what support networks are available to them locally, what they are entitled to, and who to contact when they need help.
 - b) **Maximising Independence** – This workstream encompasses all principle of the Care Act and is key to achieving improved outcomes for individuals. Reducing reliance on formal care settings is paramount to a sustainable future care model, focussing on a strength-based approach to assessment; aiming to maximise and maintain independence for as long as possible; delivering care at the right point in an individual's circumstances, in their own home where possible and ensuring effective use of community resources and social prescribing. This combined with defined periods of reablement interventions when there is a change in circumstances, to get people back to normal function where possible. Where joint care is required, strong partnership working supports the individual to receive joined up care, regardless of the funding.
 - c) **Self-Directed Support** – Implementing an effective Resource Allocation System along with effective use of personal budgets and direct payment across the population to enable purchase of specialist service provision, where this is more cost effective than contracted services. This combined with effective use of the eligibility criteria should ensure cost effective use of resources.
 - d) **Effective and Responsive Best Value Provider Economy** – Ensure a thriving, varied social care market within Darlington where providers offer continuously improving, high-quality, safe and innovative services. This includes work to develop markets for care and support that are sustainable over time. The work will have regard to ensuring a sufficiency of provision in terms of both capacity and capability to meet anticipated needs for all people in their area needing care and support regardless of how they are funded. The market will support the increased use of direct payments.

- (a) **Business Process Reengineering** – Effective processes to be put in place to support social care staff in practice, maximising the time they can spend with clients, including effective and improved reporting and improved business intelligence. This coupled with effective use of ICT systems and mobile working to produce a LEAN working system with systematic removal of waste and increased value-added work with clients.

Programme Deliverables and Progress

9. The adults programme is progressing well and many of the larger projects have now been completed or are nearing completion. As such, the objective of developing a modern operating model has largely been achieved.
10. Remaining and future projects will seek to improve business delivery further and contribute to the future sustainability of the operating model.
11. There will continue to be a rolling programme of business improvement projects, with a list of business improvement projects waiting to start once resources are freed up to deliver these. All projects are subject to frequent review, with resources allocated to the priority areas as needed.
12. As expected, some projects have suffered a delay due to Covid, which has been reflected in the delivery dates below.
13. A high-level summary of the current projects is provided in the table below.

Work stream	Project/Deliverable	Delivery Date	Lead	Status
				S=Service Led F=Finance Led
Managing Demand	An online self-assessment and screening tool (the portal): -	Nov 21	S	
	• Care Need Screening/Financial Contribution Screening	Aug 20	S	Complete
	• Online Financial Assessment	Apr 20	F	Complete
	• Care & Support Needs Assessment	April 21	S	Go live 15 th April
	• Carers Assessment	Nov 21	S	To start following CSNA go live
	Vane House/Sensory Impairment Review	May 21	S	In progress
	Mental Health Service & Team review	Jan 22		
	• Initial Review	Dec 19		Complete
	• Research-other models	Apr 20		Complete
	• Implementation of Changes	Dec 21		In progress
• Options Appraisal (if needed)	Jan 22		On schedule	

Work stream	Project/Deliverable	Delivery Date	Lead	Status
	Health Validation Review & recording of hospital discharges following issue of CHC and Hospital Discharge guidance	Jan 21	S	Complete
Maximising Independence	Intermediate Care Provision Review (BCF) – Health Led		S	
	• Review Approval	Oct 19 Dec 19		Complete Complete
	• Implementation	TBC		On Hold , awaiting CCG scoping session
	ASC Digital Transformation-new		S	
	• Requirement Gathering • Plan Development • Options Appraisal • Approval (Digital Darlington) • Implementation	Sept 20 May 21 Sept 21 TBC TBC		Complete In Progress
	Resource Allocation System	Oct 21	F	In progress
Self-directed support	Direct Payments Process review	Jun 21	S/F	In Progress
	Liberty protection Safeguards	Apr 22	S	Recently restarted following a wait for legislation
Business processes	NCPO / Off Contract Process Clarification	Apr 21	S	In Progress

There are a few projects whose implementation has been completed that are still being actively monitored due to the impact of Covid on the original implementation.

These are: -

- RIACT implementation of new model
- Adult Social Care Front Door – Adult Contact Team implementation of new model
- Review Function-Older Adults
- Practice Guidance Implementation