

Quarterly Update to OSMB

Adult Social Care Improvement Plan and Budget Monitoring

MEETING: 12th September 2018

1.0 Purpose of the Report

- 1.1 To update OSMB members on developments and progress in relation to the improvement plan and budget monitoring in Adult Social Care.
- 1.2 Progress Highlight Update.
- 1.3 This report provides a summary on key areas of activity that cuts across both the improvement plan and the recently developed project plans to deliver on the Medium Term Financial Strategy (MTFS)

2.0 Improvement Plan

- 2.1 Of the 19 key areas of accountability that were contained within the improvement plan;
 - 8 have progressed onto become routine activity
 - 9 now form part of the MTFS project plans either directly or as an enabler to delivery
 - 2 have become the focus of additional input as detailed in sct 2.4
- 2.2 All actions are now captured within routine activity or form part of the new MTFS project plans.
- 2.3 The scoping sessions for the development of the MTFS project plans considered improvement plan activity and where this should be aligned to.
- 2.4 Two challenge sessions have taken place with a focus on Safeguarding and Commissioning to provide additional assurance that improvement plan activity has been completed
- 2.5 The outcome of the DLT sessions generated a refreshed and updated continued improvement plan (CIP) (Appendix A) taking into account current project (MTFS), completed and new activity. Thematic deep dive workshops are planned to cover complex subjects such as mental health, transition and continuing health care.
- 2.6 The vision for the future of adult social care has been designed and drafted in consultation with staff, partners and the voluntary sector and socialised at numerous staff events. The final vision is now available on the ASC intranet.

3.0 Adult Care Budget

3.1 Adult Care Services are currently forecasting an overall overspend of £6.221m in 2018/19

	£000
Budget 2018/19	57,778
Remaining savings to be achieved (17/18 plus new 18/19 savings)	
Review of Learning Disabilities	3,324
Review of all Community care packages	1,812
Focussed enablement service	340
Review in house service provision formally funded by Supporting people subsidy/Housing related support	1,530
Review provision of in-house residential and intermediate care for older people	1,640
	8,646
Savings already implemented/on track	
Housing Related Support	(811)
Learning Disabilities	(250)
	(1,061)
Savings still be to delivered	7,585
Overspends - recurring	
Staffing including Agency and Consultancy	370
Transport - external provision	39
	409
Underspends - recurring	
Recurring underspends - staffing and Supported Living	(287)
Demand Pressures	
Residential and Nursing Care	3,843
Domiciliary Care	1,815
Direct Payments/Managed Accounts	517
	6,175
Assumed use of iBCF - additional funding not yet formally agreed with CCG	
2017/18 iBCF allocation	(4,000)
2018/19 proposed iBCF additional allocation - funding demand pressures and mitigating savings	(1,979)

	(5,979)		
Revised forecast	65,681		
Estimated Adverse variance	+7,903		
Further Planned Actions - to deliver existing savings			
	<i>2018/19</i>	<i>2019/20</i>	<i>2020/21</i>
My Front Door- Learning Disability	(1,268)	(3,074)	(3,074)
Reassessment Programme	(414)	(2,847)	(2,847)
Reduction in bed base		(1,640)	(1,640)
Review in-house service provision formally funded by supporting people subsidy/housing related support		(342)	(342)
Total planned actions to deliver existing savings	(1,682)	(7,903)	(7,903)
Revised position (overspend) for 18/19	+6,221	0	0

Whilst there were no new budget savings for Adult Care agreed within 2018/19 budget setting, there are £3.224m of savings agreed in previous years to take effect in 2018/19 in addition to the £7.346m agreed in 2017/18. The forecast overspend includes an anticipated shortfall of £7.585m in delivering the accumulated budget savings within the current financial year.

The main reasons for the delayed delivery of savings are the complexity, rather than volume of new cases (including transitions) - the overall customer base has been relatively static. Also, historical assessment practice across all cohorts; in terms of over reliance on residential care, poor application of self-directed support and over provision of care hours.

In addition there are potential further pressures of circa £450k anticipated in relation to transition cases from Children’s Services and also Transforming Care cases. Work is ongoing to quantify actual case numbers.

It is recognised that the current budget pressures in adult social care are as a result of not achieving previously agreed savings. To address this challenge detailed project plans have been developed for the following

1) Review of Learning Disability Services – branded “My Front Door”

2) Right sizing care packages

Digital Transformation, Work Force Development and the Intermediate Care and Reablement Pathways will be enablers to these. This will be in line with the Rotherham Integrated Health and Social Care Place plan priorities

The current position for 2018/19 is an anticipated overspend of £6.221m. The detailed project plans outlined above should enable the delivery of the remaining savings and thus deliver a balanced budget from 2019/20 onwards. However, this position may be impacted by transition cases from Children's Services and also Transforming Care cases.

4.0 Project Plan updates

4.1 Review of Learning Disability Services branded "My Front Door"

The Directorate currently spends £20.4m on a cohort of 752 customers with a Learning Disability. Budget savings of £3.4m were originally agreed for 2017/18 and 2018/19 in respect of Learning Disability services. Following approval of the Cabinet/Commissioners Decision Making Report in May 2018, over the next 2 years it was agreed that up to five directly delivered building based services would be closed over a phased period, with alternative solutions put in place. Oaks and Addison day centres, Treefields and Quarry Hill respite provision; and following a further consultation, Parkhill residential care home.

4.2 Progress so far

- The Transformation of Learning Disability Services Delivery Plan 2018-2020 sets out the direction of travel and the programme of reviews and reassessments for people with a learning disability. The learning disability reviews will be planned to meet the targets as set out in the delivery plan but also for any person where there is a change in circumstances across the whole Learning disability cohort.
- My Front Door reviews have commenced. The coming together of the wider team will facilitate a faster and more effective approach to holistic reviews and identification of solutions.
- A detailed governance structure is in place and weekly project meetings are held for the delivery of this project chaired by the Assistant Director.
- A successful market shaping event was held on 31 May relating to the learning disability offer to develop a wider range of commissioned solutions embracing the principles of the My Front Door strategy. At the event an extensive range of providers indicated a willingness to work in partnership with the Council to grow the offer.
- The principles and ethos of My Front Door have been well received by Rotherham CCG and RDaSH as part of the co-production of the Strategy. This reflects the drive for person centred approaches, mirroring best practice from elsewhere. Health buy-in to the project will assist in improving individual outcomes, but will also enable a system voice to champion the approach.
- Transforming Care numbers in Rotherham remain relatively small 4 CCG cases and 5 NHS England. Care and Treatment Reviews (CTRs) have been conducted and person

centred pen pictures have also been updated by RDaSH, giving visibility of the cohort. The costs to RMBC could potentially amount to £1.56m in future years (£450k in the current year).

4.3 Challenges

- Transformation of the offer for people with a learning disability will deliver better outcomes and efficiencies, though there are public reservations about the approach. The new offer needs to be further developed and better understood by people with a learning disability, their carers and existing service providers.
- The cost of potential Transforming Care placements and funding gap for the Council. There is circa £1.56m financial risk for RMBC from the known cohort. There is a pressing need to resolve Section 117 and CHC processes between the Council and CCG to determine financial responsibility for the Transforming Care cohort. The actual financial impact for the Council can only be accurately quantified once this has been completed.
- The lack of suitable ready-made solutions within Rotherham borough for the Transforming Care cohort necessitates immediate collaborative commissioning with Rotherham CCG to take place – a joint lead for learning disability assists this process
- The volume of young people in transition to adult care is considerable. Activity is being undertaken which will eventually build up into a detailed cohort profile with a clear pipeline of future transition cases.

4.4 Next Steps

- Activity to support the realisation of the Transforming Care cohort moving into the community needs to be prioritised with processes and governance arrangements put in place to understand funding responsibilities and identify the trajectory for potential cost effective, person centred solutions by September 2019.

5.0 Right sizing care packages

5.1 A cohort led approach of customer annual reviews is anticipated to contribute towards the outstanding £7.6m savings.

5.2 Progress so far

- The cohort led reviews to end the night visiting service have been particularly successful with 47 customers reviewed and only 3 requiring the same level of support following the reassessment process. This has led to a pro-rata saving of £187k as the commissioned service could be safely decommissioned.

- Processes have been established and positive lessons learnt from the night visiting work that can be replicated across the whole service areas. Financial gains, albeit small scale, at this juncture have also been made by transferring managed direct payment accounts to spot contract to ensure that social care and health needs are met appropriately, but at a lower rate.

5.3 Challenges

- The review rate of customers on service over 12 months is off target, though progress has been made in reducing legacy caseloads of the team members to enable them to concentrate on the review activity only.
- The approach of using existing staff to form the review team, helped with consistency, however, all but one staff member came with an existing caseload which needed to be closed before they could progress with the reviews. This slowed down anticipated productivity. This has now been resolved and it is expected to see an increase in performance to achieve target in the future.
- The review team had been on track to achieve the targeted reviews. This is based on the current team completing 2 reviews per week per FTE. However over the past two weeks due to the unforeseen closure of a 48 bed nursing and residential home twinned with general capacity due to Annual Leave the target has slipped. We anticipate getting back on target through September 2018. This will continue to be monitored via a bi weekly performance report to the Assistant Director. Activity was expected to be “0” in May as the Adult Reviewing Team were closing and transferring existing caseloads. The target set for June/July was met with the team able to solely concentrate on review activity.
- It also has to be noted at any time in adult care there will be a diversion of resources to respond to significant issues, particularly around risk. This inevitably impacts on targets and this will be recorded as part of the project analysis so that it is transparent.
- The review team completion so far of the targeted cohort reviews predicts a full year saving of £646k. This includes a full year saving on the night visiting contract of £258k. It should however, be noted that the cohorts due for early review are likely to be those cohorts where the greater savings will be found.

5.4 Next Steps

- The ambition remains to drive up consistent performance to the required 2 reviews per week per FTE.
- Senior management oversight of performance of locality social work teams with the development of a targeted improvement plan in relation to performance for

individuals, including team managers, using evidence from the case file audit will be routine activity. Individuals who consistently poorly perform will be performance managed appropriately.

- As the dashboard going forward will also demonstrate activity outside of the dedicated reviewing teams, this will also assist in both reviewing % as well as potential savings outcomes for people.

6.0 Governance

- 6.1 Performance of the MTFS projects and improvement plan is monitored fortnightly through Project Assurance Meetings chaired by the Strategic Director. This is governed by DLT and then reported into the External ASC Improvement Board and Internal Change Board. Aggregated performance is reported through agreed budget governance structures to SLT monthly.
- 6.2 Adult Care has a suite of performance data and customer insight by cohort available to Directorate staff via the intranet. The Directorate is continuing to use this as a solid foundation and is building upon the existing data with effective reporting on the delivery of savings, including attainment of review targets via an agreed tracker. The tracker forms part of the project assurance. A fortnightly performance report has been developed and is now being used to manage team performance.
- 6.3 Risks associated with the improvement plan and MTFS project plans are identified within the project meetings and linked into the directorate risk register.

7.0 Additional action to address demand pressures that underpin both the improvement and MTFS project plans.

- the organisational practice and culture change to apply the principles of the Care Act and use of strength based assessments;
- improving the pre-front door and further strengthening the front door offers;
- redefining reablement pathways and revising the operating model to the principle of home first;
- The development of a wider range of commissioned solutions through market shaping and procurement;
- Awareness raising and better use of community assets/universal services.
- Staff engagement and communication

- 7.1 An independent case file audit was conducted covering 150 cases. This identified some positive practice, but demonstrated overall a need for assessment staff to apply the wider principles of the Care Act and use strength based approaches. Many of the cases audited had a deficit base approach aligned to the medical model versus the social model of disability resulting in a more traditional offer.
- 7.2 The full report of the case file audit will be shared with all frontline assessment staff. An action plan is being developed by the Principal Social Worker to address practice issues identified in the audit and a rolling case audit process from Assistant Director down to frontline workers is going to be further developed to maintain and improve standards. We are discussing with the author whether we can apply a methodology to explore the link to financial implications as good practice should be exploring low cost / no cost solutions as well as more traditional service options using the information gained in the audit.
- 7.3 The Strategic Director and Executive Member for Adult Care hosted 3 all-Directorate staff briefing sessions on 19 July to reiterate the budget challenge requirements and also to reinforce the message from the Chief Executive with regard to financial probity, spend within budget and focus on performance and cost and that officers must proactively avoid unnecessary in-year spend. Staff indicated that they understood the financial position and would work accordingly to positively manage their elements of the budget.
- 7.4 A workshop was held on 5 July with the voluntary sector, co-chaired by Andrew Cozens (LGA) and Janet Wheatley (VAR) to inform social workers of the community based solutions available to them and to build constructive dialogue with the sector. This activity is a crucial part of the Directorate's need to improve the pre-front door by raising awareness of community assets / universal services.
- 7.5 A series of workshops have been held throughout July focusing on the digital offer, facilitated by the national lead for Digital innovation. These have explored the feasibility of replacing direct care with technology and how this feeds into the wider Council customer services offer as well as the future target operating model. Preliminary discussions have also taken place with Rotherham CCG to potentially piggy-back on to their Chat-bot technology for GP appointment diversions. This could potentially be modified to act as a pre-front door screening tool for Adult Care.
- 7.6 The Strategic Director and colleagues have met with the proprietors of ADL Smartcare (I Age Well – Rotherham branding) to look at how we currently use the system and where we could enhance usage and utilise further information e.g. a Carers app to enhance the carers offer.
- 7.7 There has been positive movement with regard to the joint activity with Rotherham CCG and the TRFT in redefining reablement pathways and revising the operating model to the principle of home first. There has also been extensive early collaboration between the partners on winter planning for 2018/19 to embed the home first model

and prevent an overreliance on short-stay residential care which is ultimately costly to the Council.

- 7.8 The decommissioning of the Rotherham Intermediate Care Centre (RICC) service has begun with constructive staff engagement to co-produce a new delivery model that will work in people's own homes.
- 7.9 Soft market testing has been carried out with a range of existing and potential future providers of home care. The purpose is to inform a more outcome focused and cost effective new delivery model for what is currently an £11m per annum market and is due to be tendered in early 2019.
- 7.10 A Quality Assurance Framework (QAF) has been developed. Implementation of this will be governed and managed by the Practice Quality Assurance Group, chaired by the Principal Social Worker (PSW) for adults
- 7.11 A Phased approach of the new Operating Framework has been rolled out with the introduction of policies and procedures available on ASC intranet.. This should start to embed and extend personalisation in social care as well as increasing the focus on wellbeing and prevention. Practice Guidance has also been created to complement the P and P.
- 7.12 The implementation will be underpinned by the Operating Framework Project Group. This will ensure the policies and procedures provide an effective framework for staff in adult social care to provide effective and efficient services in line with RMBC duties and legislation.
- 7.13 The Wellbeing Forum, which quality assures adult support plans, is now operational within the Localities Service and the themes arising from this Forum to date are being reviewed and will inform ASC continuous practice improvements. The Wellbeing Forum is also now being extended to the Hospital, Transition and Single Point of Access Teams to ensure consistency and quality of decision making across services

8.0 Staff engagement

Quarterly Whole Service Events have taken place led by the Strategic Director and AD's. Approximately one hundred and sixty staff has accessed these each time and the topics of discussion follow the thread of the ASC improvement journey.

9.0 Next steps

- 9.1 We have taken numerous actions for additional demand management activity including;
 - A target reduction of 20% spend on mileage and printing across Adult Care, Housing and Public Health Directorate.

- Training budgets will be reviewed and only mandatory training will be delivered until the end of the calendar year
- All vacant posts will continue to go through the Directorate Leadership Team as well as Workforce Development Board with high level of scrutiny of need, both in terms of whether it can be delayed or needed in this financial year. Critical posts will be recruited to and this will be done on a case by case basis.
- All events which require an external venue will be reviewed by the relevant Head of Service and Assistant Directors as to whether the meeting is needed or whether the use of an internal building can be used.
- No travel outside of the borough to be agreed unless critical and should be agreed by the Head of Service
- There will be a reduction in large meetings with staff e.g. whole service events and communications will be cascaded through the management systems including through Director's newsletter
- All contracts will be reviewed by Heads of Service/Assistant Directors to look at opportunities for reductions or delaying spend
- All provider spends will be reviewed by the Head of Service
- Further develop the conversations and interface with staff, partners
- Continue to track the progress and delivery of outcomes and savings from the specific projects and monitor day to day management to continually bring the adult care spend in 18/19 down.

**Report of AnneMarie Lubanski
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