

# Public Document Pack

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09 January 2020

Dear Member,

## **Health and Adult Social Care Scrutiny Committee - Wednesday, 15 January 2020**

Please find enclosed the following document(s) for consideration at the meeting of the Health and Adult Social Care Scrutiny Committee on Wednesday, 15 January 2020 which was unavailable when the agenda was published.

<b>Agenda No</b>	<b>Item</b>
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<b>4.</b>	<b>Adults' Services Improvement - Next Steps_</b> (Pages 3 - 46)
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The report was delayed due to the finalisation of key data.

Yours sincerely

Tony Kershaw  
Director of Law and Assurance

**To all members of the Health and Adult Social Care Scrutiny Committee**

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## **Health and Adult Social Care Scrutiny Committee**

**15 January 2020**

### **Adults Services Improvement – Next Steps - Diagnosis and proposal to address service improvement requirements**

#### **Report by Director of Law and Assurance**

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#### **Summary**

Since the publication of the adults' peer challenge in May 2018 a three-year improvement programme was implemented structured around 100-day plans. The Health and Adult Social Care Scrutiny Committee (HASC) has had the opportunity to consider and comment on the improvement programme at various meetings over the last 18 months. There is now a proposal for a significant further phase of improvement requiring investment in the services of external experts. The required improvements have been set out in a piece of diagnostic work undertaken by those experts.

#### **Focus for scrutiny**

Members will have the opportunity to consider and question the output of the diagnostic work by the external experts. As the proposal includes a plan for investment in a contact with the external supplier their representatives will not participate in the discussion and scrutiny of the proposal.

The Committee is asked to comment on options to support the delivery of the next phase of the Adults' Improvement Programme, prior to decision at Cabinet on 28 January 2020. Key areas for scrutiny include:

- (1) The output from the diagnostic assessment and the rationale for proposal to address the challenges identified. Is the case compelling? How do we know these are the right areas to focus on?
- (2) The areas for consideration for choosing the preferred option to deliver the identified improvements. Are these the right questions? How can the optimal solution be arrived at?
- (3) How will the benefits be realised in monetary terms – does it make financial sense?
- (4) How the plan aligns with service outcomes and projects currently underway within Adult Social Care, for example the planned procurement of the care and support at home contract, currently listed in the Forward Plan of Key Decisions. Are these plans joined up?
- (5) The process for agreeing deliverable milestones, including a timetable and methodology for monitoring; how will Members gain assurance of the benefits being realised and monitor on-going performance to ensure it is sustained?
- (6) How those risks identified in the report will be managed in the short and longer term

- (7) Plans to deliver a balanced budget in the next financial year (2020/21), recognising that the planned savings are not the same as the current projections in the Medium-Term Financial Strategy, as stated in the report.

Members should consider these scrutiny aims in the context of the recently published report of the Children's Commissioner which challenged the Council's capability and capacity to deliver sustainable service improvements and called upon elected members to consider their role in seeking assurance about effective improvement planning and sustainable delivery of them.

The Chairman will summarise the output of the debate for consideration by the Committee.

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## **Details**

The background and context to this item for scrutiny are set out in the attached report, as listed below, including resource and risk implications, Equality, Human Rights, Social Value, Sustainability and Crime and Disorder Reduction Assessments.

### **Tony Kershaw**

Director of Law and Assurance

**Contact Officer:** Helena Cox, Senior Advisor, Democratic Services  
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## **Appendices**

**Appendix 1** - Draft decision report - proposal to engage a strategic partner to support the delivery of the second phase of the Adults' Improvement Programme

## **Background papers**

None

<b>Cabinet Member for Adults and Health</b>	<b>Ref No:</b>
<b>February 2020</b>	<b>Key Decision:</b>
<b>Diagnosis and proposal to address service improvement requirements</b>	<b>Part I</b>
<b>Report by Executive Director Adults and Health</b>	<b>Electoral Division(s): All</b>

## Summary

Following the publication of the [Adult Social Care Peer Challenge Report](#) in May 2018 [an improvement programme](#) was implemented, structured around a series of 100-day plans. These plans aimed to make the service safer and have done so. The programme has successfully supported the management of operational pressures due to provider concerns and market capacity. In short, adult services have responded to many of the key findings of the peer challenge and have delivered a safer care environment for residents.

The service has always anticipated that once the immediate issues of safety were addressed adult services would require a sea change in the way the service operates to deliver the key aims of the vision and strategy notably, the realisation of independence and control for people and the delivery of the service is a sustainable financial envelope for the future. This requires whole-scale cultural change, together with relative system, process, practice and performance management changes. The scale of the improvement needs to be broadened and the pace needs to quicken

In October 2019, following a competitive procurement process Newton Europe Ltd (Newton) were commissioned to undertake a diagnostic assessment of adult services. The scope of the diagnostic included all adults' operational, commissioning, provider services and lifelong services. The findings were reviewed alongside internal and national data sets and form the basis of the recommendations.

The output of this assessment is a set of recommendations for key areas of focus with an emphasis on improving outcomes necessitating systemic changes in culture and practice. Implementation of these recommendations will have the added impact of reducing costs and therefore support longer-term financial sustainability. Options to address the improvement requirements are considered in the report.

## West Sussex Plan: Policy Impact and Context

Action in this area supports the [West Sussex Plan 2017 - 2022](#) priority of independence for later life and the [vision and strategy for Adult Social Care in West Sussex](#) in which adults with care and support needs should have the best opportunity to lead healthy and independent lives. It would also support the delivery of the 'Building the West Sussex health and care system' joint vision with the NHS

and the [Health and Wellbeing Board Strategy](#), to make sure that residents 'start well, live well and age well'.

### **Financial Impact**

The cost of a proposal will be finalised once the Council has settled its commitment to these as the right improvement priorities and has reviewed the options for their delivery. Different models are considered for resourcing the improvement work and the realisation of budget savings. It is critical that any proposal confirms the delivery of existing demand management assumptions in the medium-term financial strategy (MTFS) over the years from 2020/21 to 2023/24 and secures additional service improvements and consequent financial benefits this diagnostic work has identified. It is expected that on-going cumulative benefits of £18.8m will be realised for the County Council by making adult social care more financially sustainable.

### **Recommendations**

The Committee is invited to review the output from the diagnostic work, assess the improvement priorities and opportunities and consider whether they meet the right service aims for the Council.

The Committee is asked to consider the risks and issues associated with work on developing proposals to deliver these improvements and how the Council may ensure that the investment which may be needed is effective, sustainable and provides value for money.

## **Proposal**

### **1. Background and Context**

- 1.1. In May 2018 a [peer challenge of Adult Social Care](#) highlighted several specific challenges for adult social care. These challenges were accepted in full by the Council and a 100-day plan was initiated followed by [a programme of improvement](#), structured around 100-day plans and milestones.
- 1.2. The improvement programme has been in place for a year and has made significant progress. For example, the service now has an [Adult Social Care Vision and Strategy for 2019-21](#), the Safeguarding Adults Board is Care Act compliant, deprivation of liberty (DOLS) assessments are now risk managed, progress is being made on the development of a safeguarding adults' hub, co-production with customers, carers and stakeholders is building, social work recruitment has improved and there is much better availability of data to support performance management
- 1.3. A model of [community led support](#) is being implemented, supporting people to participate community-based activities rather than requiring formal support and

reducing bureaucracy for front line teams. This will be rolled out across the county by the end of March 2020.

- 1.4. As the programme has developed, the scope of the improvement work has continued to grow. Operational pressures and provider concerns have had an impact upon on transformation capacity and culture change has been slower than anticipated. Budget pressures in adult services whilst manageable in year, will create recurrent difficulties if not robustly tackled with long term solutions. In response to these challenges, the Adult Social Care Improvement Board (ASCIB) agreed that consideration should be given to options for increasing the scale and ambition of the improvement programme through appointing an independent and expert organisation capable of supporting system wide change, building upon the current improvement programme. The outcome of the assessment recommends areas of focus that require embedded support at the front line of commissioning and operational practices. This would require a significant increase in capacity which is not available within the current services.

### **The procurement process and specification**

- 1.5. A competition for the engagement and assessment process was undertaken under the Nepro framework by Bloom Procurement Services (Bloom). The tender submissions and subsequent evaluation were based on an assessment phase. The scope of the specification included an option to progress to a delivery phase if the outcomes presented a credible, affordable and sustainable implementation approach. These criteria now need to be tested in bringing a proposal forward and planning work on the next phase of an improvement plan.
- 1.6. Three potential partners were invited to bid for this work via mini-competition undertaken by Bloom and two submissions were received. Following an evaluation process Newton were identified as the preferred partner. Due diligence checks took place through discussions with three other councils, including an on-site visit to similar sized county councils who are currently in the delivery stage with Newton.
- 1.7. The diagnostic assessment took place during October and November 2019. The assessment involved over 150 front line staff and a small number of families in reviewing the outcomes for 175 customers in West Sussex. Extracts of these findings can be seen in Appendix 1.
- 1.8. The outcome of the assessment is credible as it is based on actual customers and outcomes and has been fully co-produced with front line staff and managers. The data has been triangulated internally and with national data sets and has been subject to rigorous scrutiny by finance and performance colleagues. The investment in any solution would use the iBCF and the Adult Social Care Support Grant.

## **2. Output Details**

### **Outcome of the assessment phase**

- 2.1. The outcome of the diagnostic assessment, which was based on information and opinions from front-line staff and customers, is consistent with the objectives in the vision and strategy, which over 100 local partner organisations

were consulted on. Those consulted included the NHS, voluntary and community sector organisations, West Sussex District, Borough, Town and Parish councils and organisations supporting residents generally or with specific conditions. Many comments were received, which were incorporated into the final version. The next phase of the improvement programme will be informed by this co-production. The assessment outcomes have been split into the areas of additional opportunities for older people and adults with a disability.

### **Older People**

- 2.2. The diagnostic assessment highlighted that capacity in home-based reablement is lower than would be expected for a population the size of West Sussex. Reviews of existing cases alongside data analysis demonstrated that there is the potential for at least a further 1,900 customers to benefit from this type of short-term support each year.
- 2.3. In-depth case reviews showed 57% of decisions to place someone into long-term residential care were not the best thing for that person, and often ran counter to customers expressed wishes.
- 2.4. Detailed root-cause analysis shows a complex mix of factors are driving current performance, including;
  - A lack of capacity in key short-term reablement services requiring both operational commissioning activity to improve,
  - Frontline staff feeling excessive individual accountability, time-pressure, influence from partner organisations and families leading to non-ideal decisions about onward care being made, and
  - Variation in the outcomes achieved between and within teams, with limited data visibility and performance management culture embedded at team level.
- 2.5. From the diagnostic assessment the recommendations are an implementation programme of three key workstreams that will deliver operational improvement and an associated £11.3m of recurrent financial benefit by 2024/25. These are;
  - Reablement service improvement and commissioning,
  - Decision-making in hospital discharge social work teams, and
  - Decision-making in community social work teams.

### **Adults with a Disability**

- 2.6. The diagnostic assessment indicated that 40% of people currently in adult disability residential care settings should not be there and could be living more independent lives in more independent settings. Additionally, 45% of those customers in supported living or supported at home have the potential to improve life skills but are not receiving support to do so.
- 2.7. Analysis of the transitions offer between children's and adults services indicated that only 17% of customers' families were aware of a plan to enhance the ability of their family member to adjust to life as an adult. Detailed root-cause analysis shows a complex mix of factors are driving current performance, including;



- Staff only being able to spend 12% of their time face-to-face with customers compared to 48% of their time spent on paperwork,
- An incorrect perception of a lack of current capacity in more independent settings such as supported living and shared lives,
- A genuine lack of capacity in the medium-term to meet the needs of the 40% of people in residential care who could move to more independent settings, and
- A geographically fragmented offer of support for progressing peoples' life skills, that is not evidence based.

2.8. From the diagnostic assessment, the recommendation is the development of an implementation programme of three key workstreams that will deliver operational improvement and an associated £9.1m of recurrent financial benefit by 2024/25. These are;

- Establishing a dedicated team to work with customers, their families and providers to support positive moves to more independent accommodation settings,
- Setting-up a coordinated 'progression' service with a strengths-based approach to decision-making in teams to maximise customers of independence through enhanced life skills, and
- Applying a consistent, strengths-based approach in transitions work to support independence on the journey of young people through to adulthood.

2.9. Extracts from the diagnostic assessment can be seen at appendix 1.

### **3. The Improvement Programme: One Programme, One Team**

3.1. The implementation of the work described in this report would be the core of a second phase of the improvement programme. Other initiatives which are currently in progress but outside the direct scope of the proposals, such as improvements in mental health services and end-to-end system and process design, would need to be merged to form one programme with one integrated delivery team. The team would include any external resources commissioned and staff from the County Council's internal commissioning, service improvement and operational teams. The internal resourcing will be managed from within existing budgets. The programme would require a four-phase approach;

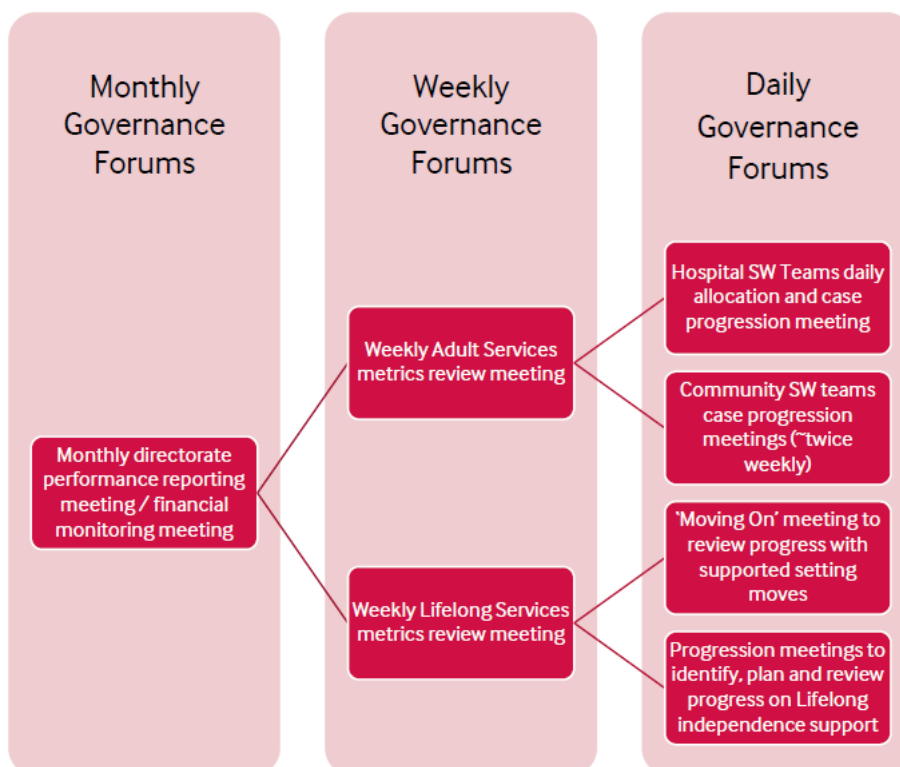
- **Mobilisation** (up to two months) This will include releasing existing resources, developing a detailed communication plan for staff, partners and stakeholders and undertaking a structured refresh and induction into the new improvement approach,
- **Design** (up to five months) this will involve detailed analysis and testing of solutions based on the assessment outcomes in specific identified areas of the county. This phase will also include continued delivery of the wider elements of improvement that are already in progress, all workstreams will follow the new programme methodology to ensure sustainability of approach. New ways of working will be developed and tested, including co-design with front-line practitioners with appropriate managerial and quality

oversight, robust measures to track performance will be achieved and training will take place on a range of key tools and methodologies,

- **Implementation** (up to six months) In this phase solutions and new ways of working will be rolled out across the county and embedded within teams. This will include front line engagement, building capability and capacity to affect the necessary scale and pace of change, establishment of key principles and subsequent rollout and tracking performance to the delivery of overall target, and
- **Sustainability** and knowledge transfer will be taking place throughout the programme and will be embedded as any external resources are withdrawn from the programme. This includes leaving the legacies of a culture that promotes independence in decision making and service effectiveness, foundations of a transformation methodology, increased transformation capacity within the service and effective transformation governance and operational and financial reporting.

### Governance

3.2. To ensure that County Council priorities are dealt with consistently and investment is made where it is most needed, it is anticipated that the adult improvement programme will report to a new corporate improvement / transformation structure, which is expected to be established in 2020. More detailed oversight will continue through ASCIB, as well as contract monitoring against milestones and benefits realisation through programme steering groups. The role of members, both executive and scrutiny will need to be carefully planned. Benefits realisation and delivery will be monitored on a daily, weekly and monthly basis as indicated in the diagram below:



- 3.3. The next steps are to assess a range of delivery options which include working with Newton on a programme of service delivery, clarifying the management of benefit delivery and confirming how any plan would guarantee the delivery of benefits and their sustainability. Newton's continued input is one option as they offer a service to direct and guide the implementation of the improvement work they have identified. They also have a risk sharing cost model for such a service, directly linked to the delivery of benefits which is being closely considered within the options appraisal. There is a need to identify the optimum model for this work soon so that those improvement benefits can be realised soon.

## **Factors taken into account**

### **4. Consultation**

- 4.1. The results of the diagnostic assessment regarding outcomes for customers were shared with front line staff through three targeted workshops in December 2019. The Adults and Health Leadership Team (AHLT) have been fully briefed and together with finance business partners, have agreed that the findings are credible.
- 4.2. The assessment of options and the mechanisms for managing risk and securing the best delivery of the benefits is being discussed with legal and finance colleagues. The proposals have been presented at ASCIB and briefings have been arranged with relevant officers and Cabinet Members.
- 4.3. Health and Social Care Scrutiny Committee (HASC) has a presentation on the outcome of the diagnostic assessment on 15 January 2020 as well as this report. The County Council will engage with NHS partners to share the results of the diagnostic assessment. Those discussions will also include the next steps in the improvement programme, the cultural change required in the County Council and in its partnership with the NHS to embed and implement the new ways of working to achieve the anticipated financial benefits.

### **5. Financial (revenue and capital) and Resource Implications**

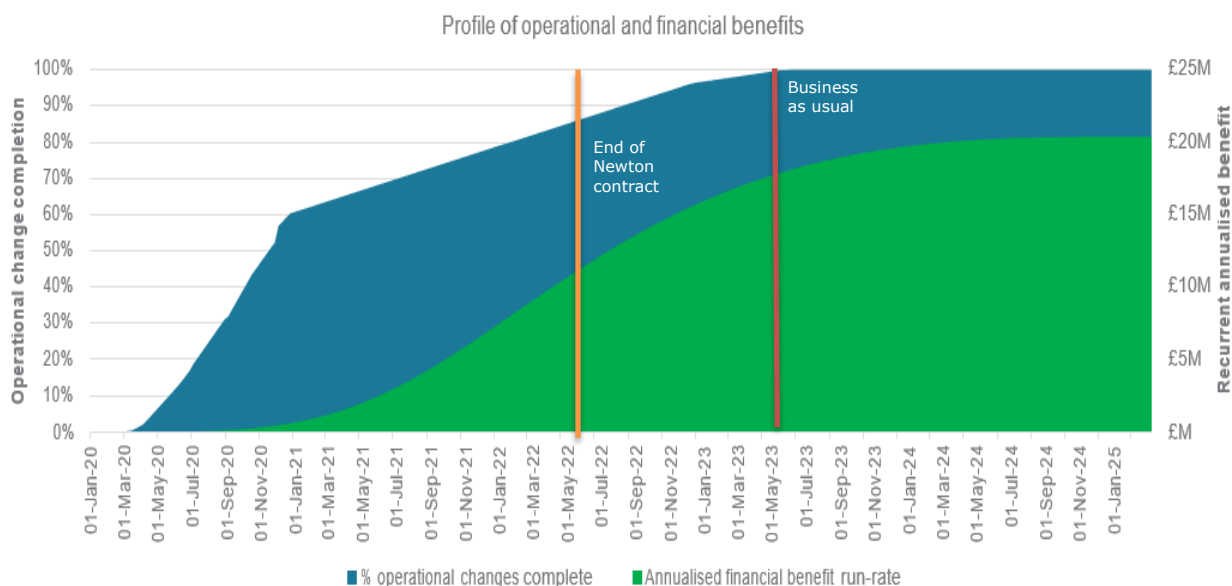
- 5.1. The County Council's MTFS assumes that the equivalent of cumulative demand pressures of £13.1m will be absorbed within the limits of the existing adults and health budget by 2023/24. Of that amount, actions are already in progress which separately are planned to deliver £2.8m of this sum in 2020/21. Against the remaining £10.3m, the diagnostic work undertaken by Newton has suggested the availability of an eventual £20.4m of recurrent savings by 2024/25. £1.6m of this will fall to the West Sussex Clinical Commissioning Group through the pooled budget arrangements for learning disabilities, leaving the County Council with potential benefits of £18.8m. This is £8.5m more than current MTFS assumptions.
- 5.2. £20.4m is a net amount which allows £1.6m to fund the consequential costs of increasing the reablement contract and developing a progression team to work with adults with a disability. This calculation is based on the findings described in section 2 applied to current customer volumes and average costs. For the most part these are rooted in an expectation that fewer people will be placed in

residential care, which is an area where existing performance is recognised as lagging behind national good practice, thus consuming a disproportionate share of the budget. The breakdown is detailed below.

Service	Area	Outcomes	Opportunity
<b>Older People</b>	Decision making	<b>1,883</b> individuals could be supported in a more independent setting	£4.4m
	Reablement volume	<b>1,920</b> additional individuals could access reablement each year	£4.7m
	Reablement effectiveness	<b>40%</b> increase in effectiveness of home based reablement	£3.5m
	Reablement costs	Increased contract cost to reflect need to recruit additional reablement staff	-£1.4m
	<i>Sub total</i>		<i>£11.3m</i>
<b>Adults with a Disability</b>	Moving on and decision making	<b>100</b> individuals could end up in a more ideal setting with the right access to that setting <b>80</b> individuals could end up in a more ideal setting with less risk averse decision making	£6.8m
	Progression	<b>180</b> individuals could reduce their need score through progression	£2.4m
	Potential progression costs	Cost of staff for dedicated Progression service team	-£0.2m
	<i>Sub total</i>		<i>£9.1m (of which £7.5m to WSCC; £1.6m to CCG)</i>
<b>Total recurrent, annualised benefit</b>		<b>£20.4m</b> (of which £18.8m to WSCC; £1.6m to CCG)	

5.3. Although most operational changes could be completed by December 2020, the profile of financial benefits will take time to build. For older people, this is because the opportunity to make savings will occur, in the main, when there is turnover in customers (i.e. every new customer experiencing a different approach). For people with a disability, where the solution may be to change their current settings, planning for those people and sourcing alternative provision will take time, and so some benefits will not be realised until further

on in the programme. The following chart shows the profile of financial benefits matched against the operational effort to realise them.



5.4. The quantum of operational activity which will take place would include working across the whole social care system to achieve a culture, system and process change that means that independence and diversion away from traditional paid-for services becomes the default position rather than assessment of need based on traditional solutions. In MTFs terms the table below shows how the financial benefits are estimated to grow. If delivered at these levels, further opportunities will be enabled for the County Council as part of future budget planning in every year between 2021/22 and 2024/25.

	Year 1 2020/21	Year 2 2021/22	Year 3 2022/23	Year 4 2023/24	Year 5 2024/25
	£m	£m	£m	£m	£m
MTFS efficiencies assumed	4.2	4.4	3.2	1.3	Not yet identified
Newton savings profile (CC element)	1.4	7.6	6.8	2.5	0.5
Other planned savings	2.8	0	0	0	0
Surplus/ (shortfall)	0	3.2	3.6	1.2	0.5
Cumulative MTFS efficiencies	4.2	8.6	11.8	13.1	13.1
Cumulative savings profile	4.2	11.8	18.6	21.1	21.6
Cumulative surplus/(shortfall)	0	3.2	6.8	8.0	8.5

## 6. Risk Implications and Mitigations

- 6.1. This is a medium risk given the current financial investment and the level of savings anticipated. The risk was higher at the start of the diagnostic assessment phase. Newton have engaged positively and consistently with front line staff and managers; the assessment outcomes have already been shared with staff and the implementation stage will be co-designed and tested with practitioners. Feedback from staff is that this engagement has felt different to previous consultants and that there is confidence in the findings supporting what is known at the front line.
- 6.2. There is a risk that the savings profile set out will not be deliverable. Evidence from other councils of similar size and complexity and due diligence with Newton is that their assessment plans have been credible and successful.

## 7. Other Options Considered

- 7.1 **To not to implement the recommendations of the Newton diagnostic assessment and to continue with the current improvement programme.** The risk of this approach is that the financial benefits are not to the scale and ambition of those outlined in the diagnostic assessment and delivery of the opportunity for the identified savings is significantly challenged. There is insufficient capacity and capability in the service to deliver such a challenging and ambitious programme. This is therefore not recommended.
- 7.2 **To deliver the outcomes of the diagnostic assessment without further Newton input.** This approach has been taken by some councils. This would require significant capacity over and above the improvement programme and there is very limited current capacity and capability internally to be able to deliver the necessary scale and pace of improvement needed. To undertake this work internally would require a significant increase the level of resources available to the programme which would need to be recruited. This additional capacity would need to have the required skill sets to undertake this work which will require wholesale culture change. Whilst this may be possible it would build in delays and there is a significant risk that these opportunities will not be delivered using this option. The impact of these delays will create a particular risk for the budget because of the demand absorption assumptions that are included across the duration of the MTFs. As discussed previously, the organisation needs specialist input and external challenge.
- 7.3 **To identify an alternative strategic partner or partner authority to undertake this work.** To meet procurement rules this could be undertaken via a new competition process with Bloom, through the CSS 2 framework or through full OJEU tender. Each of these options would build in a delay and increase the level of sunk costs, associated with the assessment phase which also forms part of the risk share arrangements if we proceed to a delivery phase. Based on the feedback received in advance of the assessment phase it is likely that any new partner would want to re-run the diagnostic assessment and potentially not fully understand the opportunities that Newton have presented. It is also unlikely that a new partner would work on an at-risk basis increasing further the pressures on the Council. Any delays to the process will delay the delivery of better outcomes and savings.

**7.4 The primary option is to procure the services of Newton to direct and support the delivery of the improvement work through a further contract which requires financial investment in their resources.**

7.5 The County Council would move to a delivery phase on the basis that the opportunities identified are significant. The considerations for commissioning Newton are based on several factors;

- Newton have a track record of supporting change at this scale across more than 40 councils including six counties with similar levels of challenges and all feedback has been positive, as detailed in Appendix 2,
- Newton's submission outlined a recruitment and retention approach that attracts individuals with high levels of educational achievement and skills in complex problem solving and analysis as well as delivery with and through others. These characteristics were evident in the Newton staff that took part in the assessment process and has been corroborated by feedback from other councils. The team that has undertaken the assessment have engaged effectively with front line staff and managers and provided evidence of both logical analytical skills and interpersonal motivational skills, and
- Their approach is a risk share arrangement which provides a transparent partnership arrangement and Newton would propose to put the fee at risk against agreed deliverable milestones. This approach would be set out within a contract.

7.6 Further due diligence is required to assess the viability and sustainability of this option. The likely level of investment would require complete confidence that the financial benefits would be realised as projected and would be sustained after the ending of Newton's work. The contractual arrangements to recover fees paid in the event that the later profiled benefits are achieved will also need to be tested. There is also the critical work of setting the baseline service levels and performance levels against which improvements will be modelled.

**8. Equality and Human Rights Assessment and Social Value and Sustainability Assessment**

8.1 Whilst the opportunities and benefits identified within this assessment are presented in relation to the financial opportunities, the changes proposed will increase the options for people with care and support needs in West Sussex to have improved independence and control over their lives.

**9. Crime and Disorder Reduction Assessment**

9.1 This proposal is not expected to have an impact on crime and disorder.

**Kim Curry**  
Executive Director of Adults and Health

**Contact Officer:** Sarah Farragher, Head of Adult Improvement Programme

**Appendices**

Appendix A: An extract from the Diagnostic Assessment Executive Summary

Appendix B: Due diligence and evidence of delivery

No background papers.



# DIAGNOSTIC ASSESSMENT

EXECUTIVE SUMMARY

January 2020



# NEWTON

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Strictly Private & Confidential

Agenda Item 4  
Appendix A

# DIAGNOSTIC ASSESSMENT

## SCOPE / APPROACH

- Engagement of a Strategic Partner to support the delivery of The Adult Social Care Improvement Programme (ASCIP)
  - A three-year Adults service improvement plan to enable the realisation of the vision and strategy for 2019-21
  - The aims of the strategy are to increase people’s independence, reduce the reliance on formal social care provision and develop new ways of managing demand
  - A similar approach in Lifelong Services, the Council’s service focussing on children, young people and adults with lifelong disabilities and autism and their families



Understand and communicate to inform the scope of the programme.  
Ensure this is informed by strategic aims and existing transformation activity.

Quantify the size of the opportunities and prioritise. Build an evidence base around the key drivers that will effect change.

Design, with practitioners, and trial the solution to the biggest problems. Measure the impact and iterate until it works.

Iterate and roll out solutions developed during design until embedded and sustainable countywide, with the desired outcomes achieved.

**We are coming to the end of this phase now, with the output complete and findings being shared**

# DIAGNOSTIC ASSESSMENT APPROACH

## QUESTIONS



### Decision Making

Are we effectively tackling variation in decision making, and consistently making the best decisions to maximise independence?



### Outcomes

Are the services effective? Are we referring people to the right place, and is that delivering the desired outcome?



### Use of Resource

Are we set up in a way that makes best use of our limited resource? What is the financial impact on staff numbers and commissioned spend if we deliver this improvement?



### Culture

How well does the culture and leadership support people to effect change and perform at their best?

## APPROACH

**Pathway Workshops**

Workshops, interviews and surveys as to the current culture and readiness for change

**Live Studies**

Analysing data to understanding baselines, trends, patterns and variance

**Discussions with Local Teams**

Leverage and augment the expertise that already exists within the organisation

**Historical Data & Benchmarks**

Front line practitioners actively participating in the collaborative review of live cases, exploring potential for improved outcomes

**Change Readiness**

Time at the front line, shadowing activity and ways of working to develop an understanding of the issues constraining performance

## EVIDENCE

### Opportunity Matrix

Identified priority opportunities with a projected impact on both outcomes and financial savings.

### Complexity of opportunities

An understanding through evidence of the deep complexity to be tackled in achieving the identified opportunities.

### Immediate pressures

Understanding the immediate pressures, which need to be considered in designing the shape and pace of activity.

### Readiness for change

Reflecting the 'readiness' of the organisation to deliver the necessary activity to sustainability achieve the identified opportunities, while leaving a positive legacy for WSCC.

# DIAGNOSTIC ASSESSMENT

## HIGH-LEVEL TIMELINE

Week commencing	30/09	07/10	14/10	21/10	28/10	04/11	11/11	18/11	25/11	02/12	09/12	
Phase	Preparation of assessment			Phase 1: detailed evidence gathering				Phase 2: development of delivery plan + output dissemination				
Programme activities	Kick-off meetings		Data analysis + workshop prep		Case workshops	OPPD deep-dives	Lifelong deep-dives	Collate outputs	Share findings with stakeholders			Develop implementation plan
Governance meetings	Sharing approach			Sharing evidence				Shaping implementation of opportunities				

We've now finished the phase where we worked to gather all of the information and evidence needed to inform a view of the priority areas for change and the root causes of current difficulties in those areas

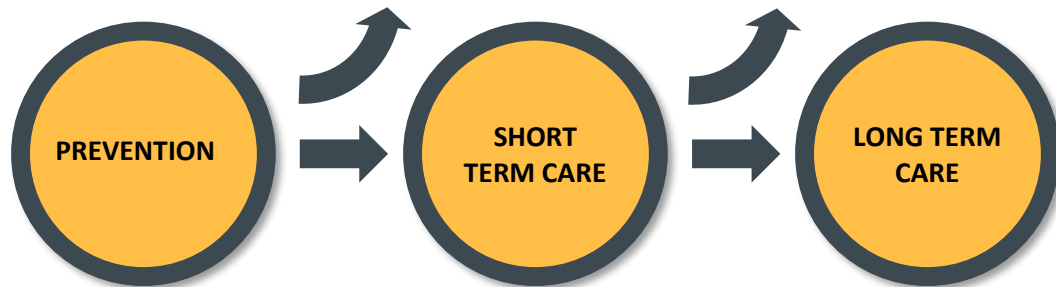
We're now in the process of sharing the findings and working to shape a proposal for the design and implementation work required to deliver the outcome improvements we'll show you today

# WEST SUSSEX COUNTY COUNCIL

## ADULT SERVICES

## LIFELONG SERVICES

SUPPORT THROUGH COMMUNITY ASSETS



COMMISSIONING

WORKLOAD + STAFF CAPACITY

ORGANISATIONAL AND SERVICE CULTURES

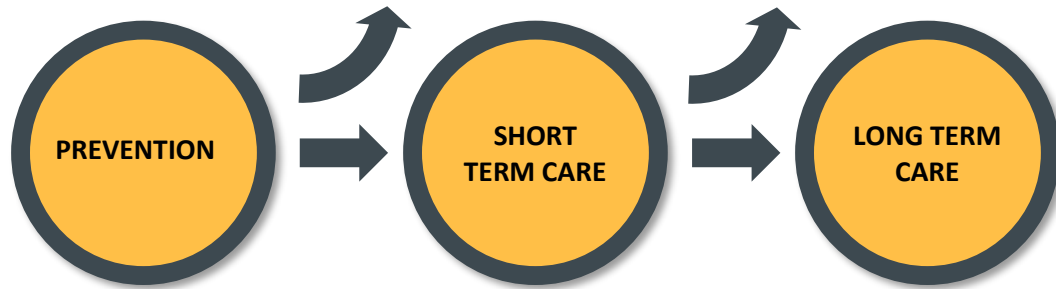
READINESS FOR CHANGE + EXISTING CHANGE INITIATIVES

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Appendix A

## ADULT SERVICES

## LIFELONG SERVICES

SUPPORT THROUGH COMMUNITY ASSETS



COMMISSIONING

WORKLOAD + STAFF CAPACITY

ORGANISATIONAL AND SERVICE CULTURES

READINESS FOR CHANGE + EXISTING CHANGE INITIATIVES

# UNDERSTANDING OUTCOMES CASE-REVIEW WORKSHOPS

27

PRACTITIONERS

5

DISCIPLINES

101

OUTCOMES  
REVIEWED

Over the course of two sessions, pathway workshops were conducted to understand whether or not the ideal outcomes had been achieved for individuals in receipt of long term packages.

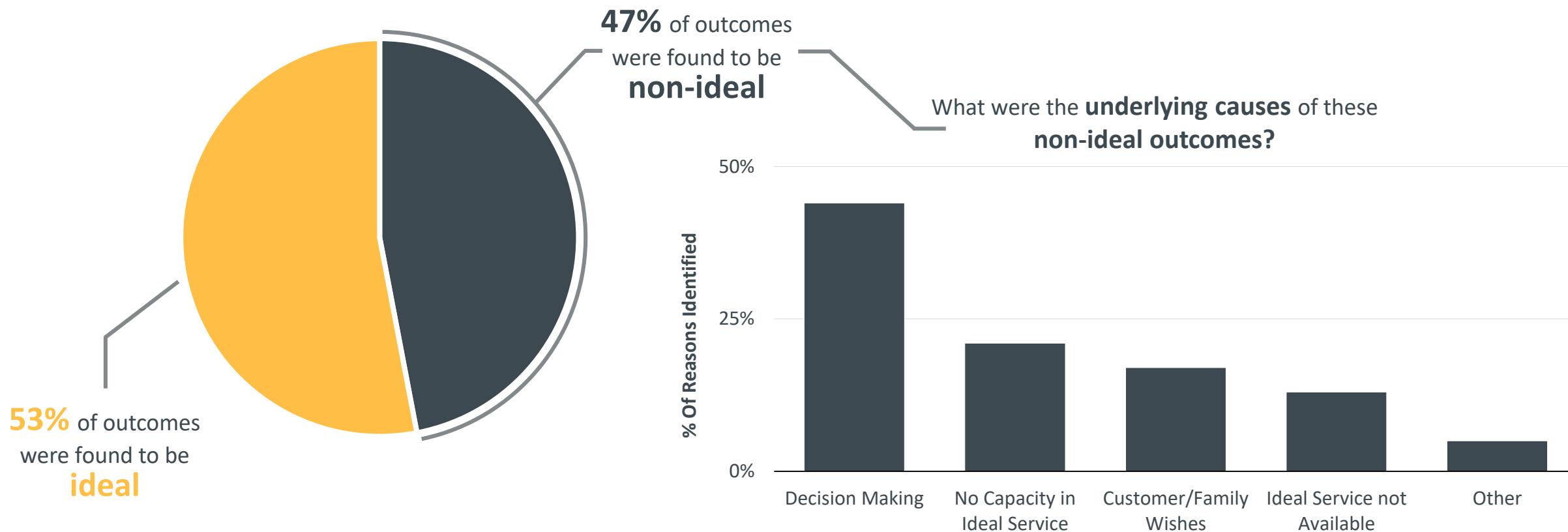
This was done for individuals whose cases had passed through a combination of hospital and community teams.

For each case reviewed, groups were asked to answer the following questions:

- What was the ideal outcome for this individual?
- What were the underlying reasons for any differences to the actual outcome?

# UNDERSTANDING OUTCOMES CASE-REVIEW WORKSHOPS

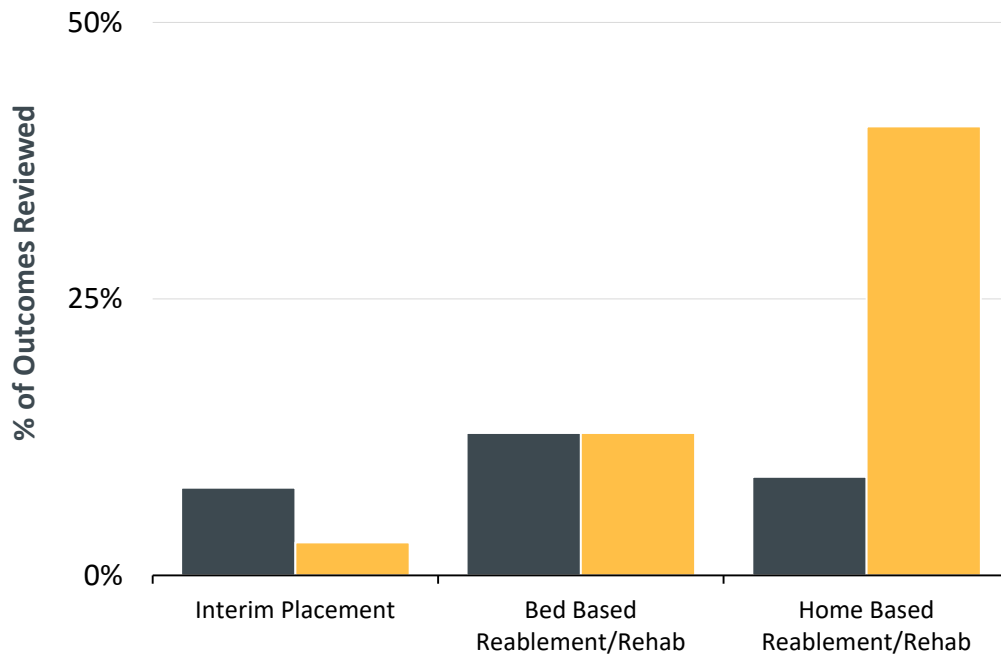
Case review workshops were held across West Sussex, with **27 practitioners** from a range of professions reviewing **101 cases** to understand what the **ideal outcome** would have been for each older person based on their need, and to identify the **underlying reasons** for any differences between these ideal outcomes and the actual outcomes achieved.



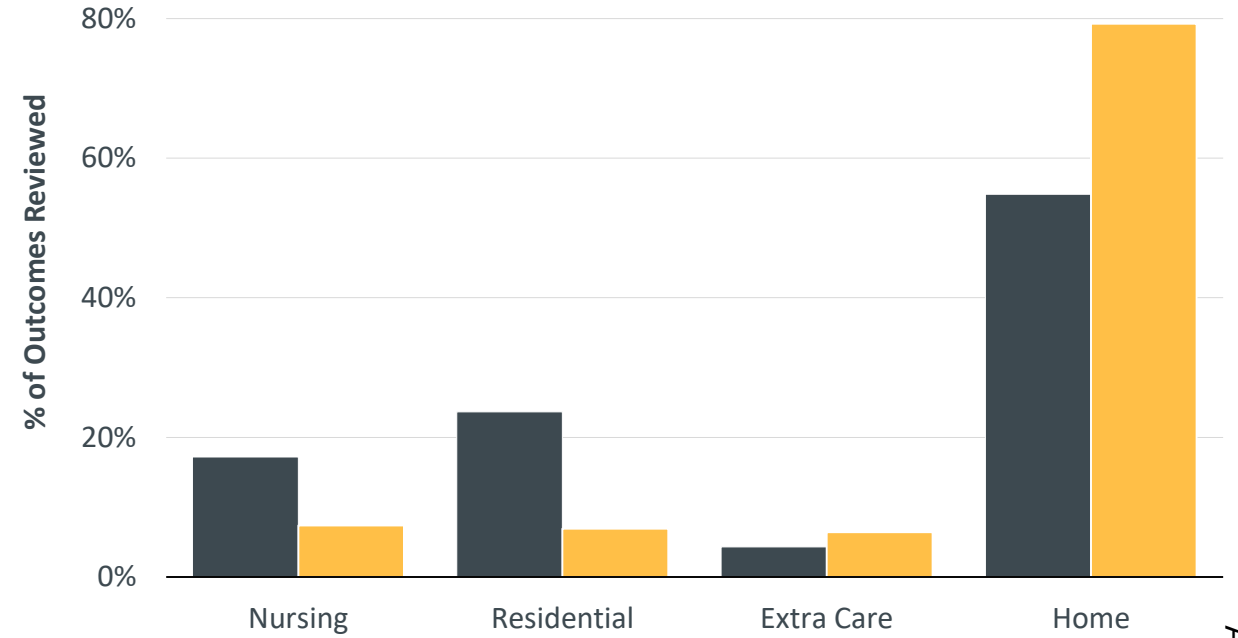


# UNDERSTANDING OUTCOMES CASE-REVIEW WORKSHOPS

What **short term services** were required to achieve ideal outcomes for these individuals?

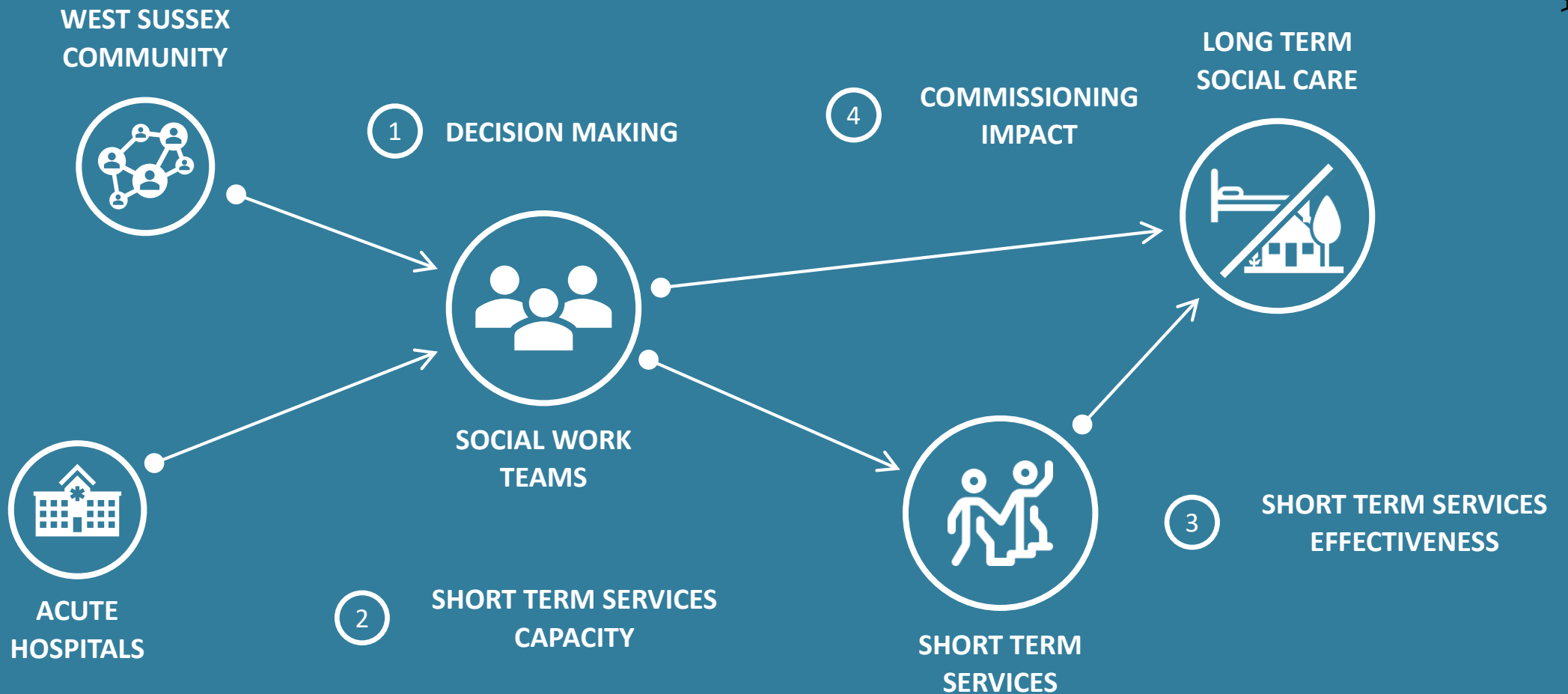


How do the actual and ideal **long term outcomes** compare for these individuals?



- Actual Outcomes
  - Ideal Outcomes

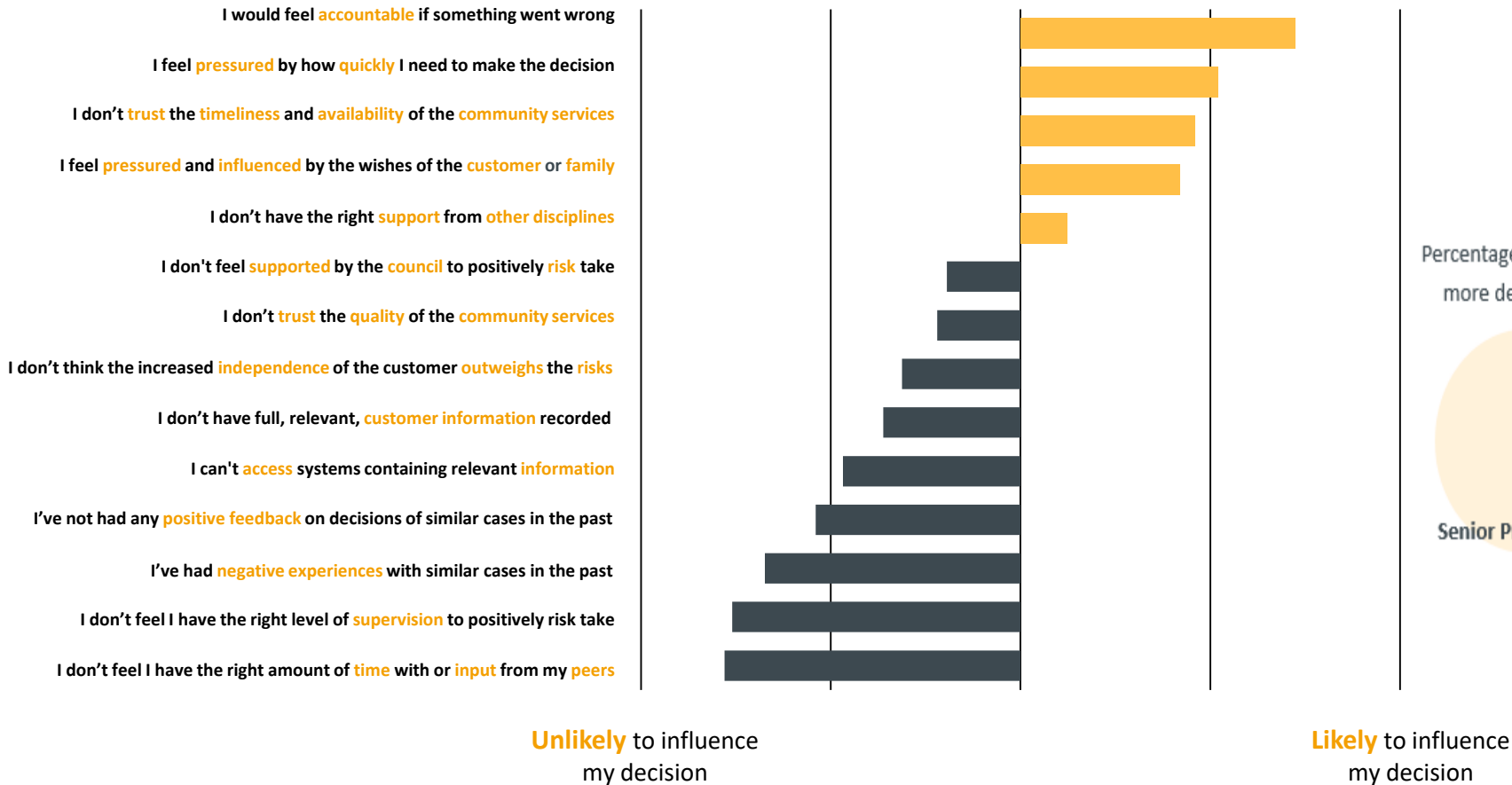
# UNDERSTANDING OUTCOMES ASSESSMENT OVERVIEW



# DECISION MAKING

## UNDERSTANDING INFLUENCING FACTORS

As decision making was found to be one of the biggest drivers for non-ideal outcomes, we wanted to understand what the **biggest challenges** are that decision makers face on a daily basis. The following are results are from the survey responses of **50 social care decision makers**. The survey asked staff to score how likely each of the following factors to influence them to make a **risk averse decision**:



Percentage of practitioners that indicated that they would be **“highly likely”** to choose a more dependent setting due to feeling accountable if something were to go wrong,



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# DECISION MAKING

## UNDERSTANDING INFLUENCING FACTORS

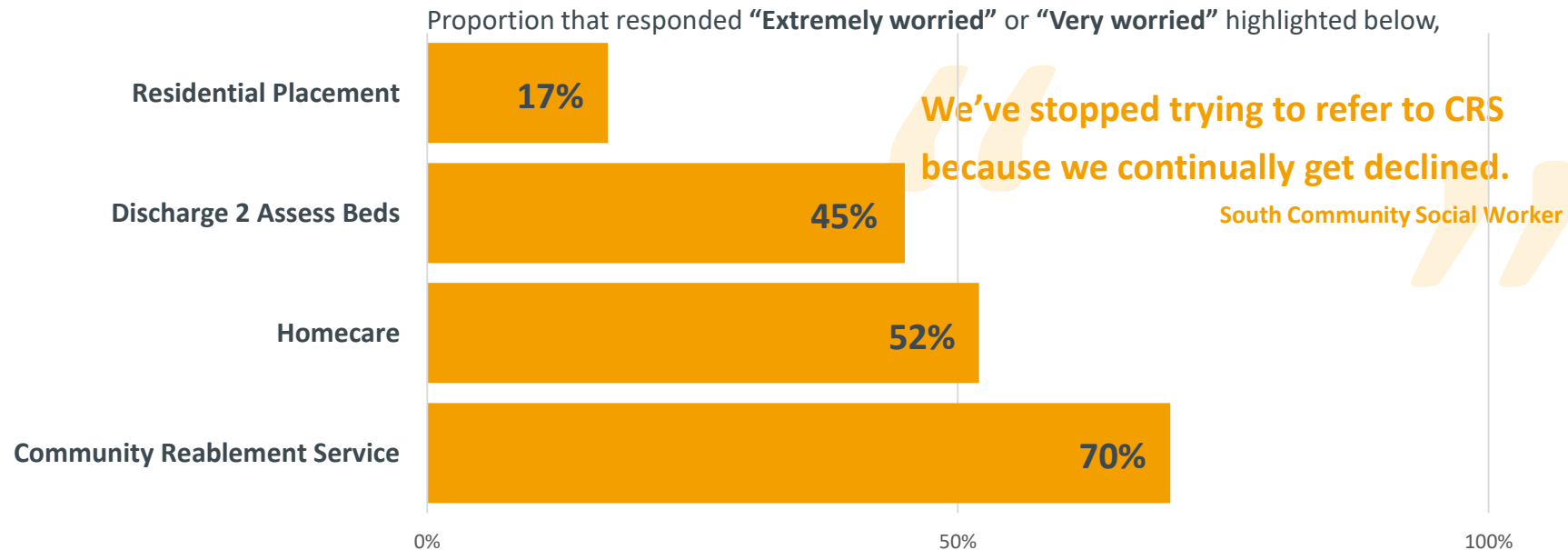
As decision making was found to be one of the biggest drivers for non-ideal outcomes, we wanted to understand what the **biggest challenges** are that decision makers face on a daily basis. The following are results from the survey responses of **50 social care decision makers**. The survey asked staff to score how likely each of the following factors to influence them to make a **risk averse decision**:

- I would feel **accountable** if something went wrong
- I feel **pressured** by how **quickly** I need to make the decision
- I don't **trust** the **timeliness** and **availability** of the **community services**
- I feel **pressured** and **influenced** by the wishes of the **customer** or **family**



As practitioners had identified timeliness and availability of services as a key contributing factor in making less independent decisions, we asked 50 practitioners the following question,

**How worried would you be about sending someone into the following services based on timeliness and availability?**



Staff in community teams are most worried about finding capacity in precisely those services that offer more independent outcomes for people.

# DECISION MAKING

## UNDERSTANDING INFLUENCING FACTORS

We studied 10 individuals across 2 hospitals

“What would be your preference on where you are discharged to?”



“It feels like a lonely place, everyone is against us.”

West Hospital Social Worker

“The Hospital OT wanted it formally documented that they “didn't agree” with my decision to send her home

West Hospital Social Worker

Our staff know what good outcomes look like but it can feel like an uphill struggle to achieve these with some health partners, who are incentivised to focus on discharge timescales rather than outcomes.

Agenda Item 4 Appendix A



Joan, 101, previously lived at home with a single call a day to support her with washing and dressing in the morning. She otherwise lived independent of formal care and was fortunate to have a number of supportive neighbours.

In April 2019, Joan's daughter contacted Adults Services requesting an assessment for her mother. She stated that she had found a suitable residential placement for her mother to move into and voiced concern that this placement would become unavailable if an assessment was not completed soon.

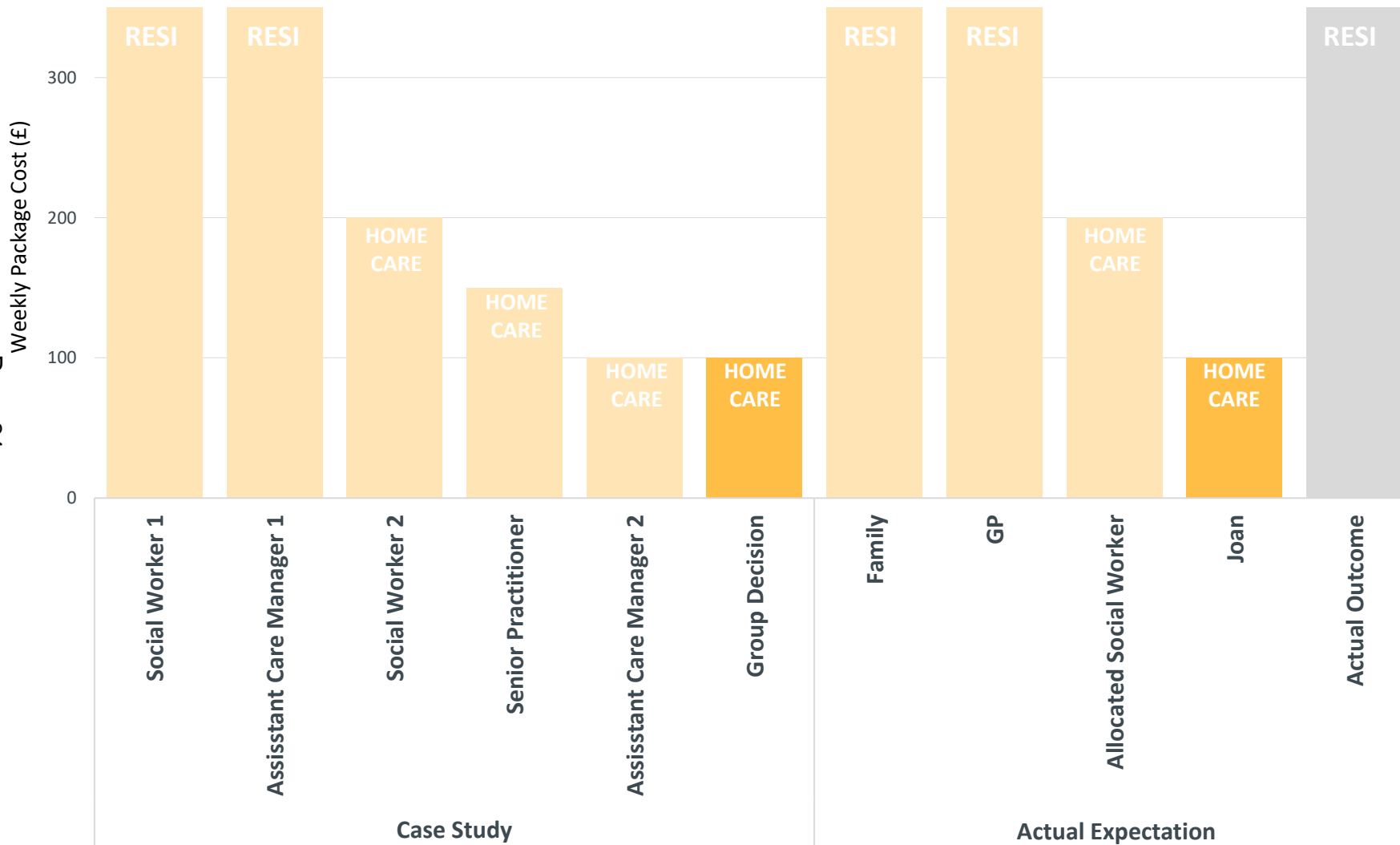
Despite being fully independent with her toileting, mobility and transfers, and not having any diagnosed medical conditions, it was decided that Joan was to move into a residential home in May 2019, where she currently resides.

Joan expressed a desire to remain in her own home but understood that this is not what her family wanted.

# DECISION MAKING

## JOAN'S CASE

When we ask different people to say what the best outcome for people is, we find that decisions made in a structured group environment lead to the most independent options.



### Case Study Exercise

- Individual** Individual practitioners reviewed Joan's case and determined an ideal outcome.
- MDT** Joan's case was discussed in an MDT and the group decided on an ideal outcome.

### Joan's Actual Case

- Prof. opinion at the time** Joan's case notes were reviewed to determine the recommendations from the professionals at the time.
- Joan** Joan's case notes were reviewed to determine the recommendations from the professionals at the time.
- Actual Outcome** The actual outcome for Joan.

# DECISION MAKING

## EXAMPLE CUSTOMERS

...and it wasn't just in Joan's case. We repeated the exercise and found that structured group decisions were consistently developing more independent outcomes





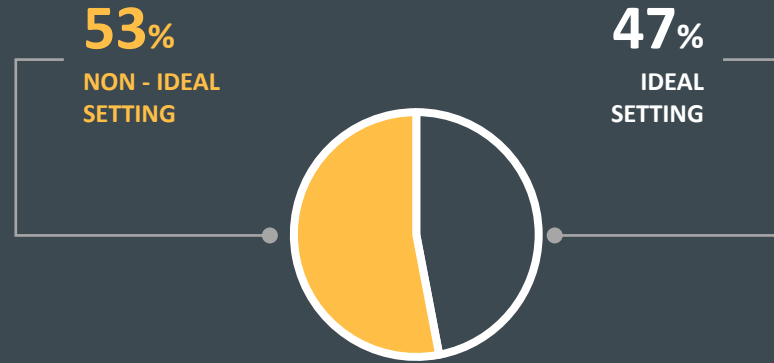
# ADULTS SUMMARY

## Short Term Services

**1,920** additional individuals could access reablement each year

**40%** increase in effectiveness of home based reablement

## Outcomes



**1,883** individuals could be supported in a more independent setting

## Long Term Support

**673** individuals could be supported at home instead of in a placement

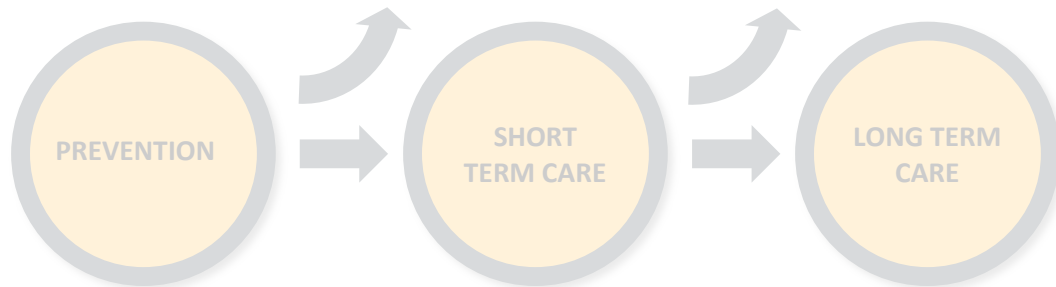
**371** individuals could be independent of ongoing support

# WEST SUSSEX COUNTY COUNCIL

## ADULT SERVICES

## LIFELONG SERVICES

SUPPORT THROUGH COMMUNITY ASSETS



COMMISSIONING

WORKLOAD + STAFF CAPACITY

ORGANISATIONAL AND SERVICE CULTURES

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# LIFE LONG SERVICE



## SCOPE

Would a different series of interventions, services or approach to meeting the individuals needs have achieved a more ideal outcome today?



is there any potential for the SU need to change to become more independent? What services and future support plan would be required to achieve this?

Is the setting and support plan for a service user the most ideal for the individual?

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# ACHIEVING THE RIGHT OUTCOMES

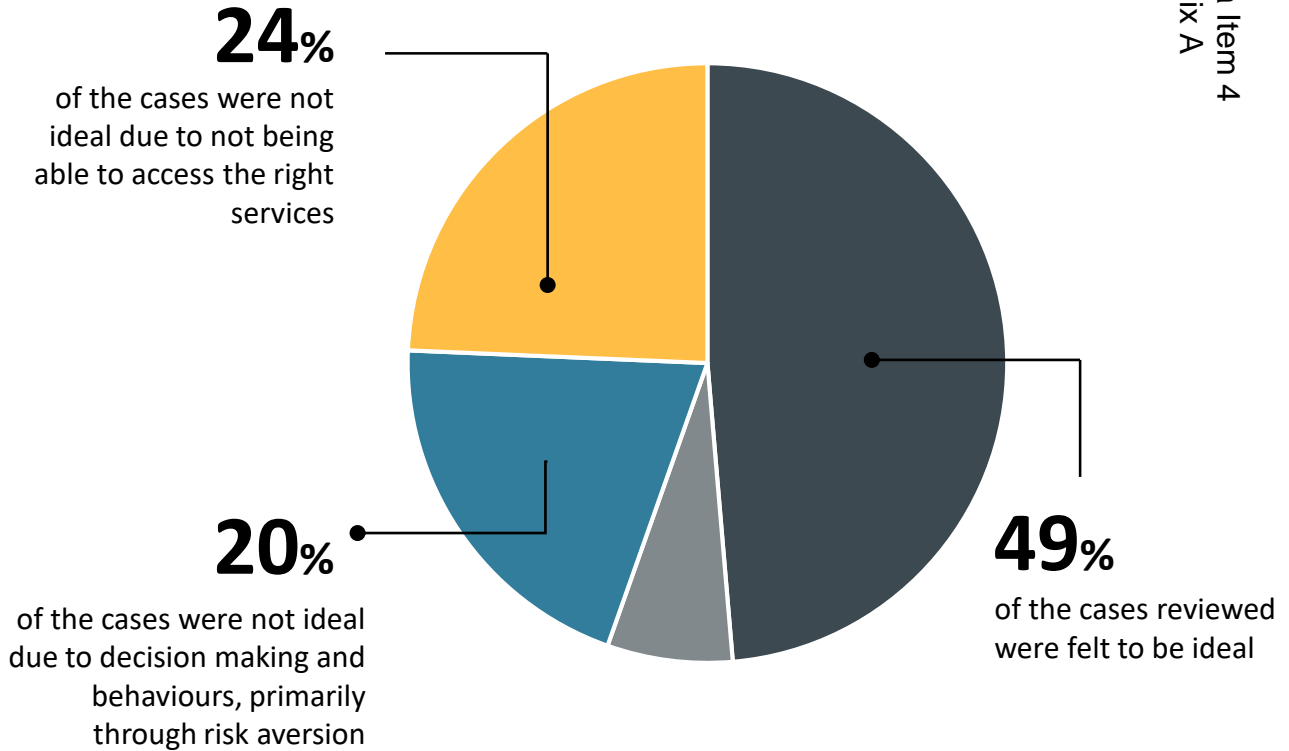
## LLS ACTUAL VS IDEAL OUTCOME



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Appendix A

With **31 practitioners and managers from 11 teams**, we conducted pathway workshops of individuals who were in receipt of a long-term care package.

The workshop group were first asked **“Are we supporting this person to reach achieve their ideal outcome?”**



When we asked those same practitioners, **what would have been the ideal moves**, they told us...

**1)** Residential to Supported Living

**2)** Residential to Shared Lives

**3)** Supported Living to Shared Lives

# ACHIEVING THE RIGHT OUTCOMES – DECISION MAKING



We wanted to really understand what the main reasons were for this across both **Supported Living** & **Shared Lives**, so we asked the following questions....

**1** Is there a **genuine capacity problem** across our services?

**2** Is there a **mismatch** between needs & placements available?

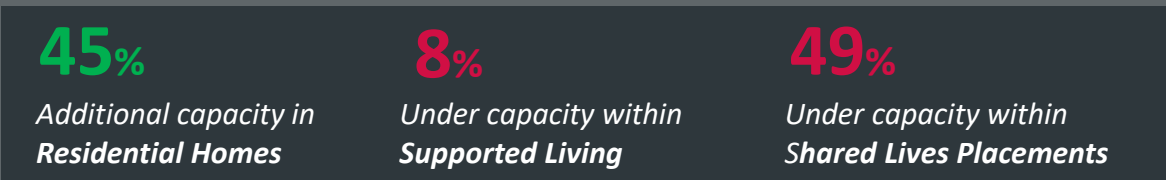
Based on current demand:

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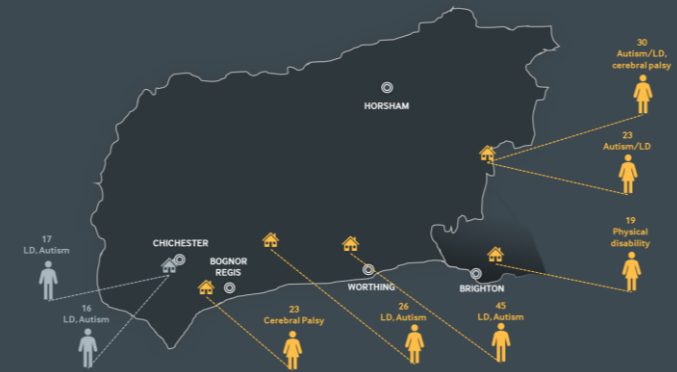


Based on future demand:

(Workshop output plus predicted trend in SUs)



There is a large variation between what practitioners prioritise when looking for a placement.



Using practitioner consensus to define parameters, we found suitable placements for **75%** of the cases from the workshops that ended up in Residential care due to the lack of suitable placement.

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Appendix A

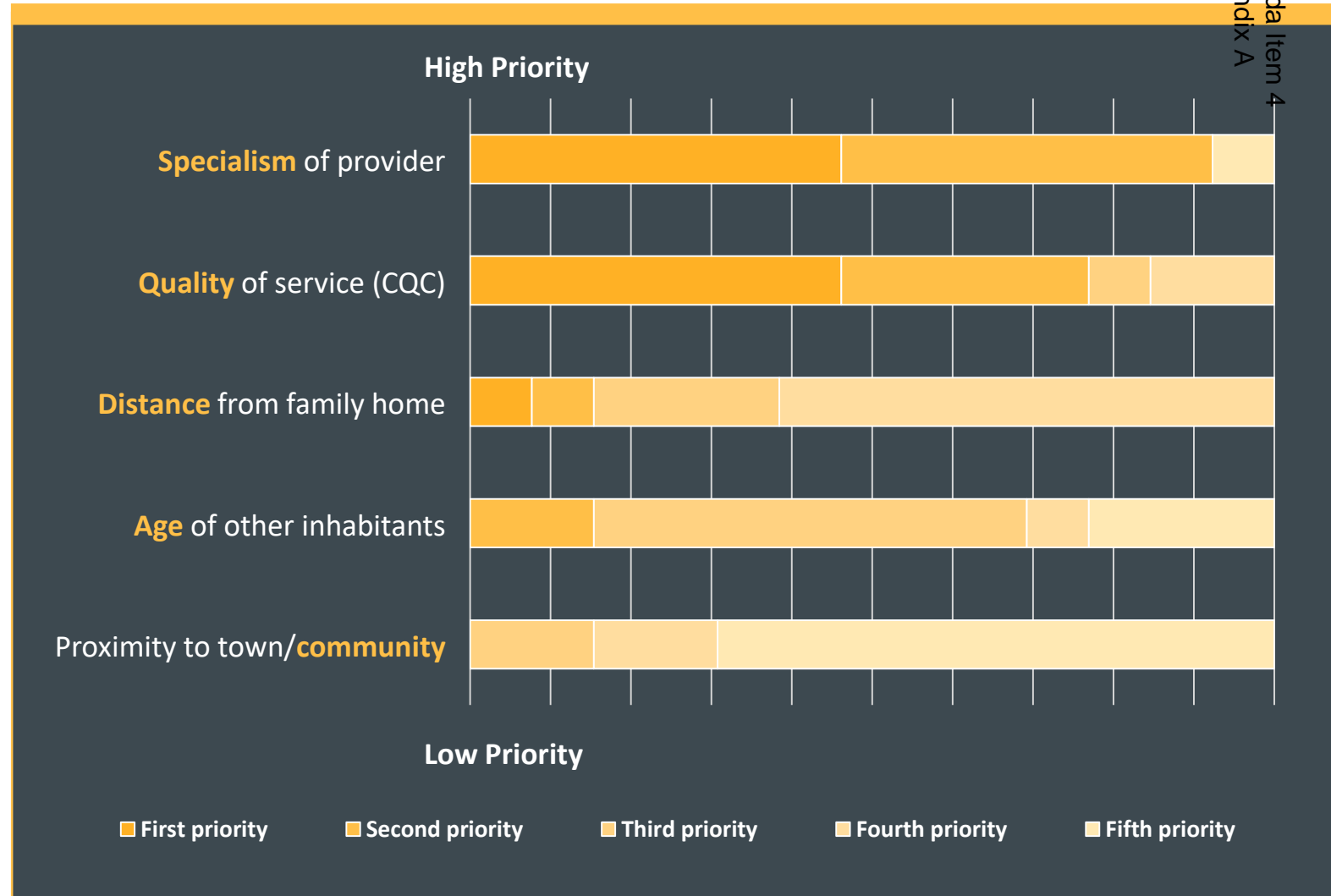
# WHAT ARE THE CRITERIA FOR A SUITABLE PLACEMENT?



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Appendix A

We wanted to understand what practitioners saw as **priority** when looking for a placement for a Service User, to understand what could **potentially cause a mismatch** between placement & individual.

We asked social workers a series of questions around five placement factors. To the right is the way the social workers ranked factors by order of priority, with specialism and quality of the service coming out on top.



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# WHAT ARE THE CRITERIA FOR A SUITABLE PLACEMENT?



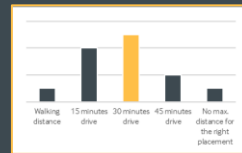
We then asked social workers to help define these parameters. We took the consensus views below to form the parameters for our study.

## DISTANCE FROM FAMILY HOME



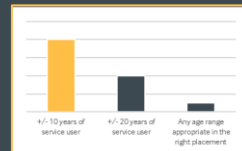
No max distance for the right placement

## DISTANCE FROM TOWN/COMMUNITY



30 minutes drive

## AGE RANGE



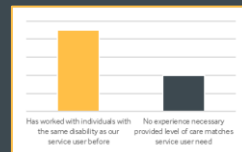
+/- 10 years

## MINIMUM QUALITY RATING



Good CQC Rating

## NECESSARY SPECIALISM



Has worked with service users with the same disability before

# HOW DOES THIS CRITERIA MAP AGAINST OUR VACANCIES?



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Appendix A

We then used the vacancy list and spoke to providers to identify placements for service users identified in the workshops as incorrectly placed due to lack of capacity. **We identified places that matched our criteria in 75% of cases.**

## DISTANCE FROM FAMILY HOME

No max distance for the right placement

## DISTANCE FROM TOWN/COMMUNITY

30 minutes drive

## AGE RANGE

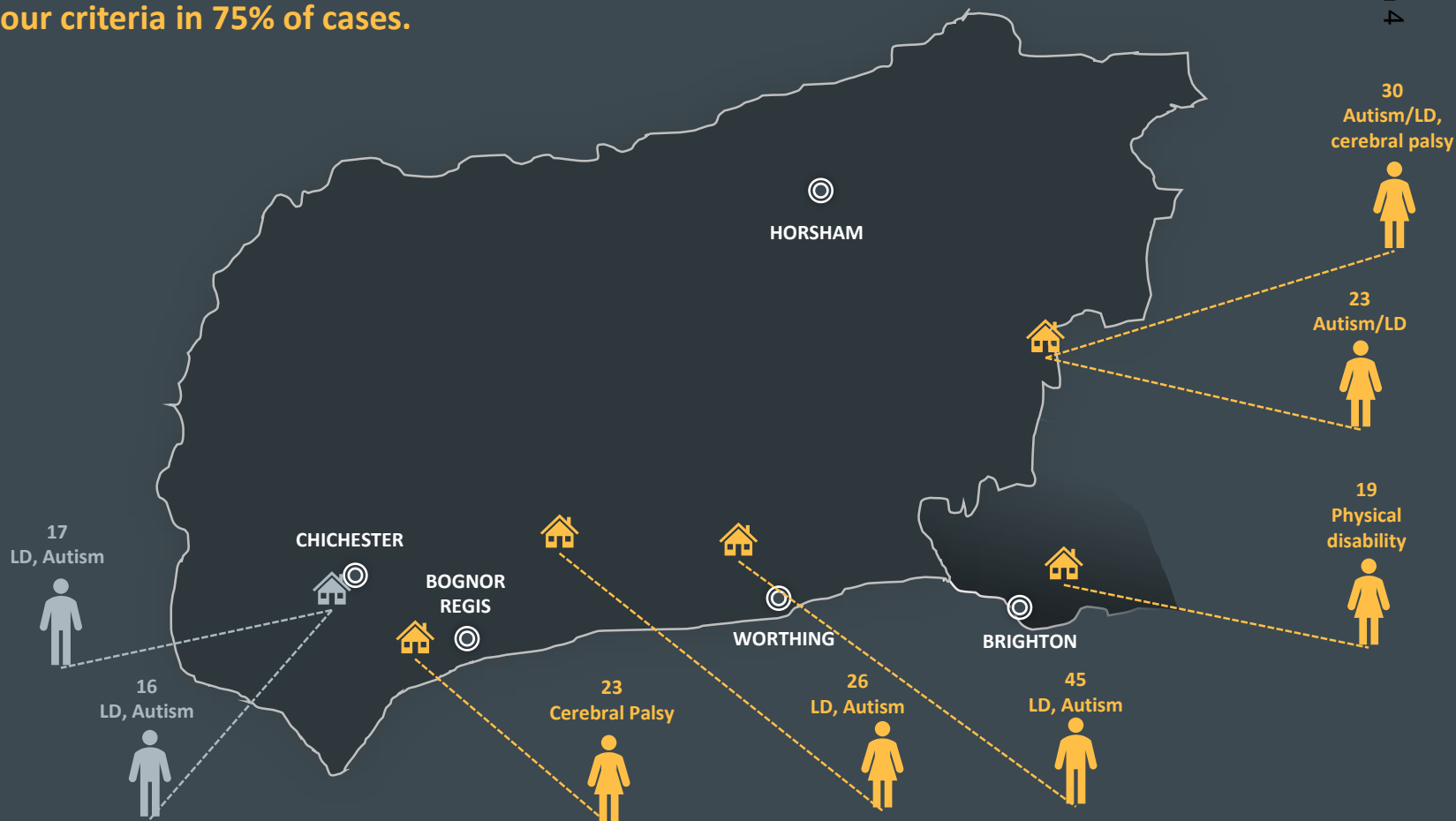
+/- 10 years

## MINIMUM QUALITY RATING

Good CQC Rating

## NECESSARY SPECIALISM

Has worked with service users with the same disability before





# LIFE LONG SERVICE



## SCOPE

Would a different series of interventions, services or approach to meeting the individuals needs have achieved a more ideal outcome today?



is there any potential for the SU need to change to become more independent? What services and future support plan would be required to achieve this?

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# MAXIMISING THE PROGRESSION OF OUR SERVICE USERS

## SUPPORTING NUTRITIONAL MANAGEMENT (EXAMPLE)



42%

Service users reviewed could become more independent in managing their nutrition

“Just because he hasn’t cooked before, doesn’t mean that he can’t”

Adults Social Worker

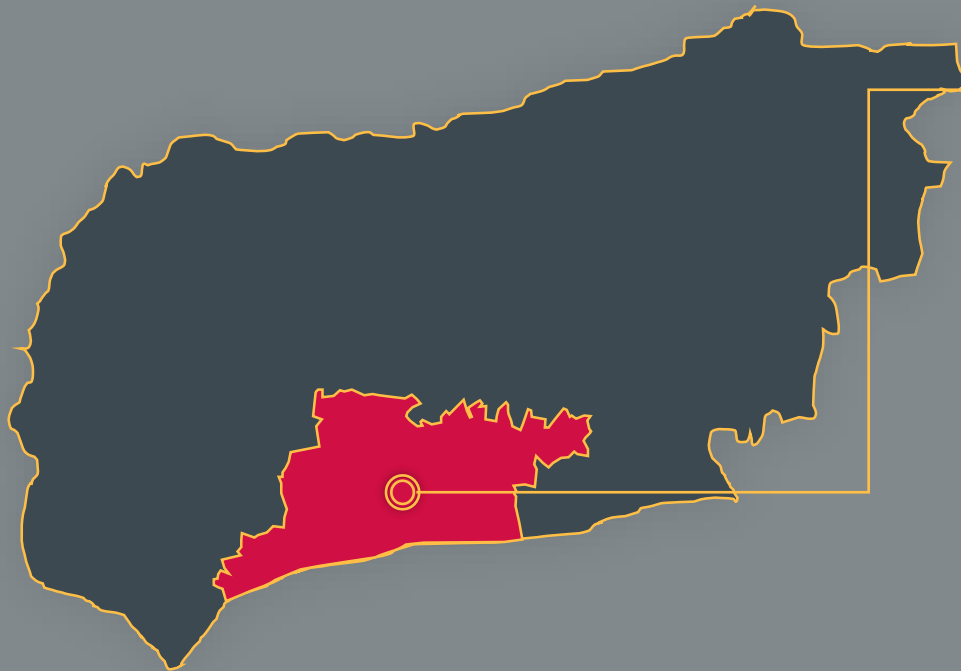


In Arun district, we run free weekly cookery courses to teach quick, healthy and cheap meals to individuals at varying needs levels.

This is the **only course** in the county known to social workers to progress Service Users nutritional management

The cookery course had capacity for **50 attendees** per year, supporting a range of customers from LD and MH, but is being **decommissioned**.

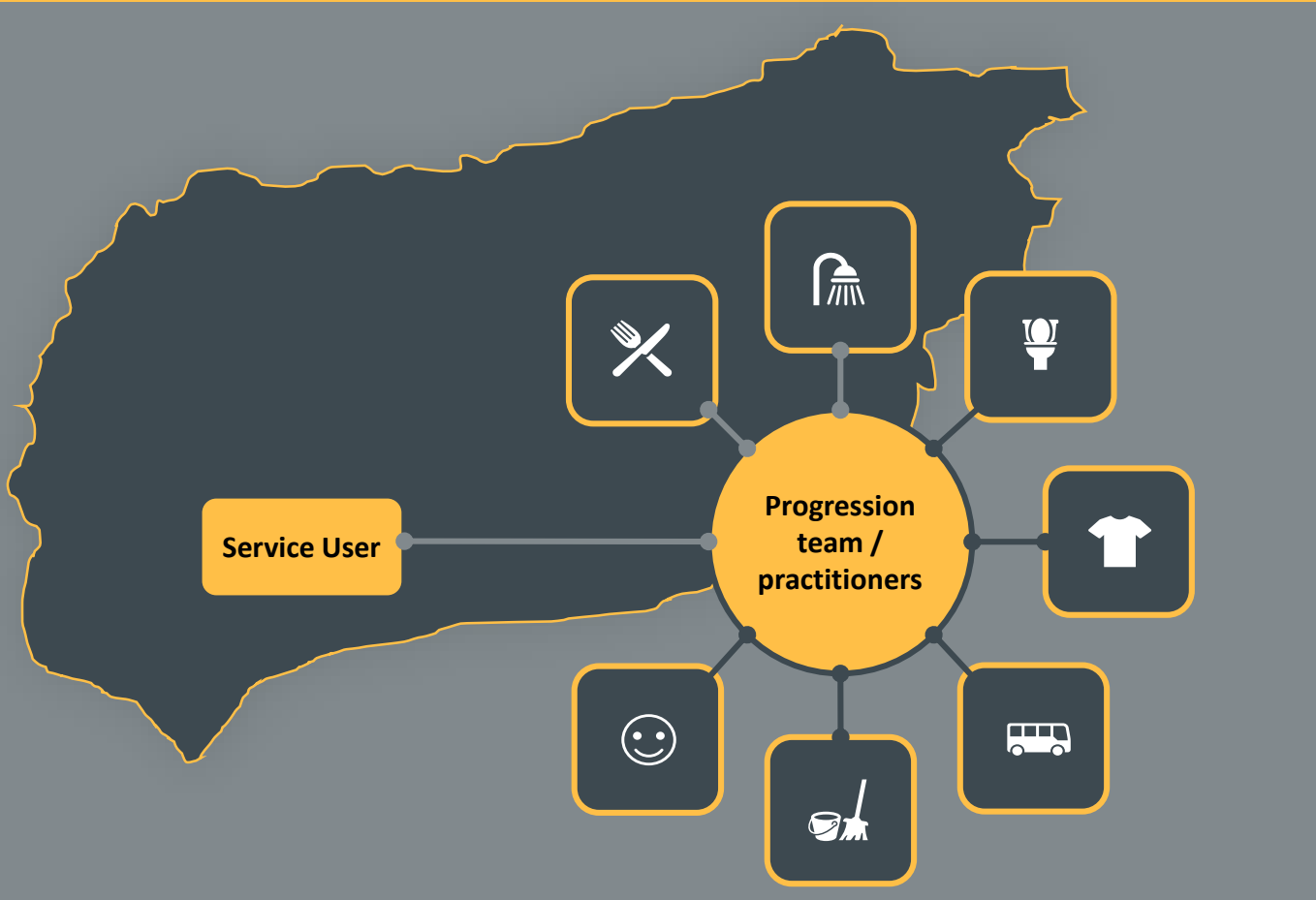
Needs profiling highlighted that **825** customers could **progress** with supporting **nutritional management** across the whole county.



# PROGRESSION TEAM



Having individual services to aid progression will not result in **as large an impact** or **across as many people** in the county as having a specialist team. It is important that this team supports the following:



- **County wide** offer
- **Suite of services** across all regions
- Understanding where the **largest need** for progression is
- Working with individuals for **3-12 months**:
  - Co-ordinating **courses**
  - Following up with **1:1 support**
- Being able to **track the success** of the progression

Agenda Item 4  
Appendix A

# LLS SUMMARY

## TRANSITIONS + CHILDRENS SERVICES

For over **300** young adults, we thought that **engagement** with better **progression** could further decrease need



We believe that **79%** of the progression of a child is the responsibility of the family, but only **16%** of families feel supported to do this

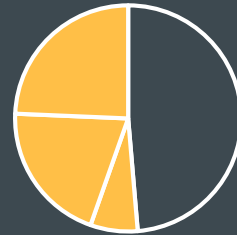
## IDEAL SETTING FOR TODAY

**51%**

NON - IDEAL SETTING

**49%**

IDEAL SETTING

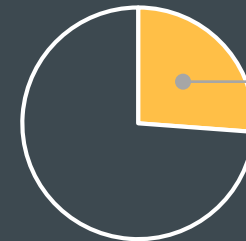


**170** individuals could end up in a more ideal setting with the right access to that setting

**140** individuals could end up in a more ideal setting with less risk averse decision making

## FUTURE POTENTIAL

**550** individuals could reduce their need score through progression



For those with progression potential, their required support could decrease by an average of **26%**

### **Due diligence and evidence of delivery**

In July 2019 Newton presented to the regional branch meeting of ADASS. This meeting is attended by directors of adult social care from across the South East region. This presentation was followed by a discussion and several of the authorities at the meeting had experience of working with Newton and feedback was positive. One authority did comment that there was a difference in the success rates across two separate projects and this was attributed to differences in practitioners' approach to risk and access to preventative services. Kent and Hampshire have fully adopted Newton methodology and Kent have now embedded this methodology into practice.

Due diligence took place in September and October 2019. Officers visited Leicestershire and had detailed conversations with Cornwall.

In Leicestershire feedback on Newton received through meetings with senior council officers were extremely positive. Highlights included:

- Changes had been delivered at pace with programme moving into business as usual in some areas within a twelve-month period.
- Programme is on target to deliver savings in excess of what was modelled (up from c£10m to c£14m).
- Productivity and performance management has changed dramatically, case-loads are now so low (10-15 cases) that for some teams they will be moving work into the teams from reviews.
- They use tableau and these dashboards now show incredible detail on a worker by worker basis including case-loads, number of cases allocated each week (on the same screen) number of days since a case recording was made on a case, etc.
- Significant changes to reablement which is an in-house service.
- Reductions in residential care.

In Cornwall, the Service Director reported that:

- A second Newton engagement was commencing following the success of the first engagement. Feedback was that the analysis work was very comprehensive.
- Newton were completely allied to front line services and there was immediate escalation to senior management of teams not delivering in line with programme expectations.
- The level of time commitment for senior officers was significant; approximately one and half days every week was spent working with Newton.

Newton report the following outcomes for Cornwall:

- Lead time from first contact to first assessment reduced from 29 to 9 days.
- Assessment and coordination functions streamlined resulting in productivity increase of 375%.
- Number of people accessing enablement increased by 40%.
- Reshaping external provision of services with new provider relationships and quality measures – down to 23 providers and no service user leaving without care for more than 24-hours.
- Over £3.5m saved on homecare alone.
- £32M savings -on track to save £150M over three years.

In addition to the direct enquires and discussions officers have been part of Newton have offered the following additional statements and quotations:

*"Together, Newton and Kent County Council have engaged in a strategic transformation of services. The in-depth assessment work carried out established a deep understanding of current processes and created a strong basis for change and a clear vision embraced by the entire workforce. It's proof there are other ways of working within social care and that councils can achieve incredible results using the tools they already have"*

*Strategic Director for Commissioning, County Council*

*"I have worked for the council for 38.5 years and I can honestly say that Newton have been exceptional"*

*Deputy Chief Executive, County Council*

*"The way you have challenged and galvanised us as execs across the system has been invaluable, and has been a big part of the difference of this approach, alongside the rigour and depth of diagnostic" Director of Strategy, CCG*