

Adults & Housing

Building on our Strengths

Adult Services - Building on our Strengths - Vision

“We will work with people, communities and other organisations to improve and maintain their wellbeing, to live independently as possible recognising that some individuals may need more support than others.”

- Delivering good health and care – affordable, flexible and accessible
- Promoting independence – helping people to help themselves
- Enhancing wellbeing for local communities

Design Principles

Reflecting the vision and three key outcomes as above, there are 6 key design principles that run through the core of “how we work” these also underpin the approach to the service delivery review.



Foreword

The Adults and Housing Service Transformation Programme aims to develop a new offer for the residents of Dorset. The programme builds on the key themes identified through the Phase 1 'As-Is' Programme, and the new vision and priorities for Dorset Council including;

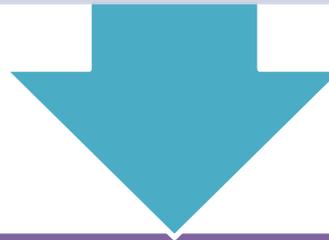
A sustainable 3-year financial model for adult social care supported by the development of a financial impact tool-kit

A 3-year commissioning intentions strategy as a driver to the operating model

A change management resource plan to support implementation

A refreshed transformation programme

A detailed culture, change, OD and communications and engagement plan to ensure delivery



This programme sets out the direction of travel for the next three years, and will enable Adults and Housing services to co-ordinate resource and activities that are required to improve services for the residents of Dorset.

It will result in residents having more control over their own support, having more housing options and greater access to services that prevent loss of independence.

This will be carried out with the full engagement of stakeholders over the three year period of the transformation programme. For our transformation to succeed we must take the time to truly understand our business, the social care market in Dorset and how changes to the health and wealth of citizens will impact on our business. Service redesign will be achieved by understanding the relationship and interdependencies between our key activities, appraising the options and implementing the changes.

Context

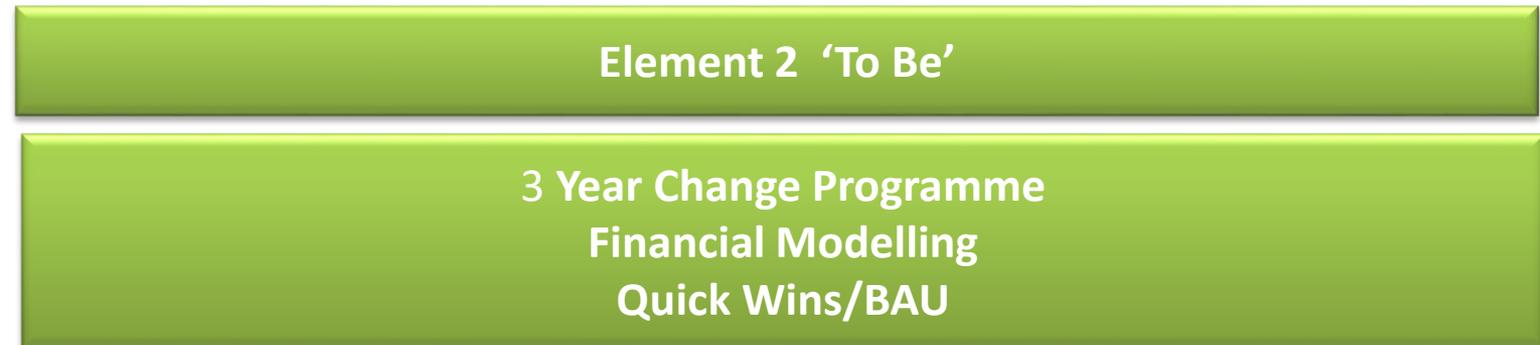
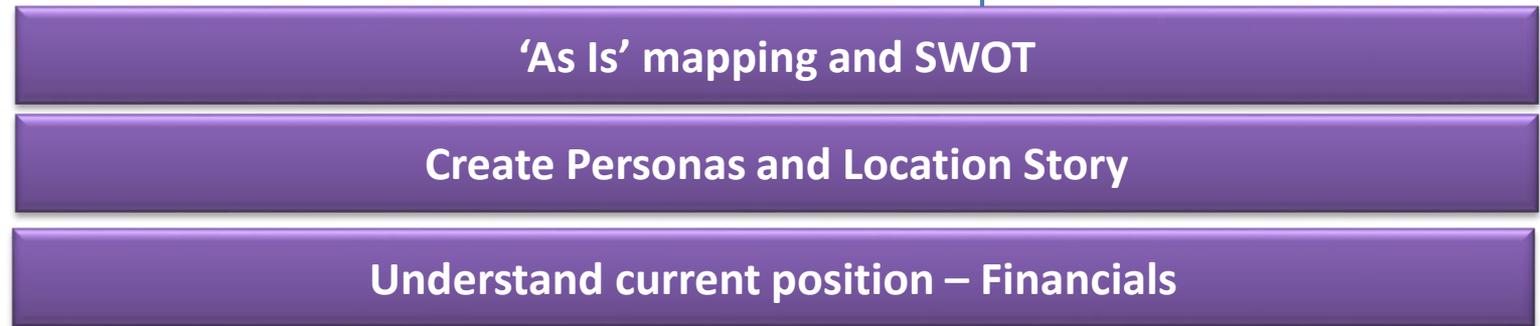
Dorset's population is growing, particularly among those groups of people likely to need social care services.

- The Dorset Local Enterprise Partnership area has fewer people under the age of 50 than the rest of the UK average and rural Dorset has the oldest population in the country (predicted to rise further).
- Dorset has a higher than average proportion of people aged 65 and over (28%). With the 65+ population projected to grow by 47% over the next 25 years.
- It is projected that 116,200 people in Dorset area aged 65+ will have a long term health problem or disability in 2029 – up by 20%.
- The population of 85 year olds in Dorset is expected to grow by 25% over the next 10 years to 2029. 29,400 people in 2019 to 36,800 in 2029.
- 4,000 extra people aged 65+ in the Dorset area are expected to suffer from dementia by 2029 – up by 28%.
- Residents in Dorset are more likely to be unpaid carers, 12% of residents compared to 10% in England. There are around 3,000 registered carers in Dorset. One in five of Dorset's population consider they have a long term health or disability problem.
- The gap in life expectancy between the most deprived and least deprived areas of the former DCC area is 6 years for men and 5.2 for women.
- West Dorset and Weymouth and Portland have the highest numbers of people on the housing register for rented accommodation.
- On the housing register more than half of the demand is for one bedroom accommodation.
- Estimates that rough sleeping increased in Dorset by 150% between 2010 and 2017 (this is compared to a 169% nationally) .

Transformation Programme – Journey

Element 1 – ‘As Is’

10/2018



2023

As-Is Approach

- Adult Social Care design principles and vision basis for design
- Directorate Leadership Team sponsorship
- Involved over 40 self-nominated Design Champions from across the directorate
- Design Champions drawn from a wide range of roles, grades and locations
- Ran 9 'As-Is' workshops with Design Champions
- Discovery and analysis leadership
- Utilised existing data sets from across the business and local and national benchmarking
- Utilised existing customer feedback
- Intelligence collected - quantitative / qualitative
- Conducted 12 stakeholder and partner interviews

Persona development

How this was done:

- Designed to articulate characteristics that represent 85% of the Dorset eligible customers within ASC
- Based on the primary characteristics of each cluster.
 - primary support reason and service type(s)
 - average age and most likely gender
 - determining the locality where that cluster is most common
 - finally the average weekly cost of providing services to each cluster
- Cross checked across a number of variables
- Analysed front door data to determine how each persona was likely to access services
- ASCOF data used to determine the employment and living situation of learning disability personas
- Experian Mosaic household type assigned to each persona based the results of the analysis and added information about the persona's living situation.

Persona development

- 6 personas
- Utilised to map customer journeys
- Used to test models for “To Be” scenarios
- In response to feedback 3 carers personas have been developed



David's story



Due to the diverse geography of Dorset, maps of locations that represent key characteristics of places across the County were produced and assigned to the Personas to provide another level of depth and stimulate different conversations on service depending on where they live.

Life in a North Dorset Market Town

Dorset County Council



There is a Leisure Centre available offering facilities for a variety of sports and a Gym offering activity classes



There are a small number of Pubs, Bars and Restaurants located mainly in the town centre



Places of Worship



Primary School and Secondary School

There are a number of local Churches. A couple of these run community groups and a coffee morning

Evening classes are available at the Secondary school. The sports facilities are also used by a local sports club



Shops & Supermarket



Library

There is a Supermarket and some other Shops located in the town centre

The local Library is open 5 days a week and also supports a number of local activities



Doctors Surgery & Community Hospital



Public Transport

There are a few Doctors Surgeries and also a Community Hospital located in the centre of town

An Hourly Bus Service runs through the town centre



Contact and referral

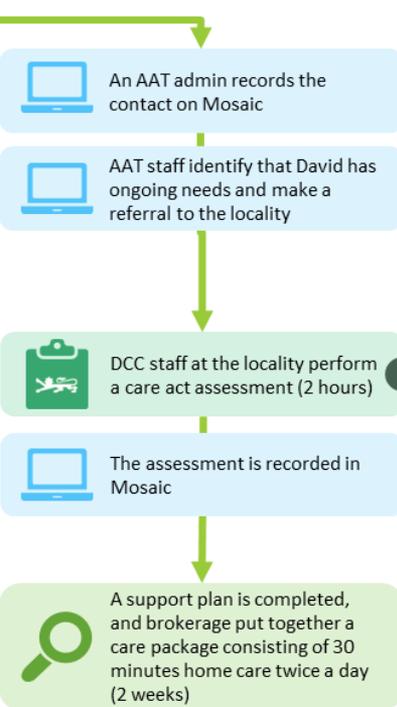
David lives alone in his own bungalow in a small rural settlement in East Dorset.



Reablement



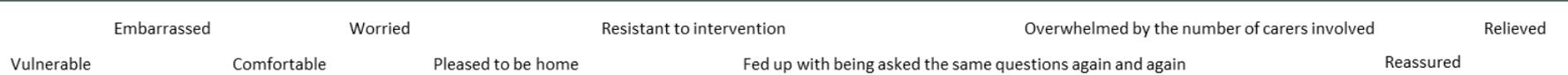
Assessment & planning



Ongoing care



Thoughts and feelings



Challenges

David has to provide the same information multiple times	Not all localities have trusted assessors for reablement assessments	If reablement doesn't have capacity, an alternative package may need to be sourced, causing duplication and delays	It can be difficult to find appropriate care in rural areas – due to a lack of capacity among providers, David ends up with multiple care providers	There are different perceptions of acceptable risk between David, his family, social care workers and health workers	Oversight of the care agency is limited due to a lack of contract management capability and capacity
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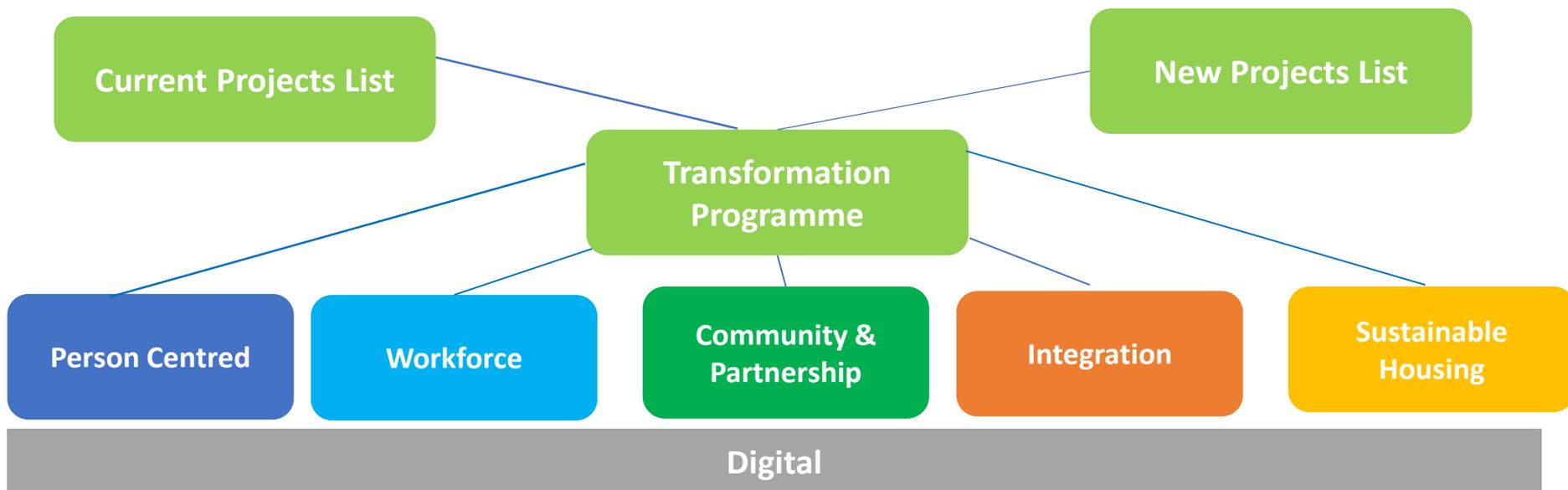
Overall the Transformation programme will be delivered through the following;

- Strengths based approach – maximising independence
- Identifying and developing increased integration between social care and health, as well as other partners / stakeholders
- Positive staff engagement
- Investment in Prevention and Demand Management
- Increased use of technology and technology enabled care
- Co-production with service user groups / others
- Resetting of public expectations about what we can do and about how people's needs will be met

Commissioning Statement

We need to shift focus of our care system to a greater emphasis on an **integrated place based model** (integrated meaning health and community partners) that is **focused around prevention** (at scale and targeted), **communities, rehabilitation and reablement**

Refining the project lists

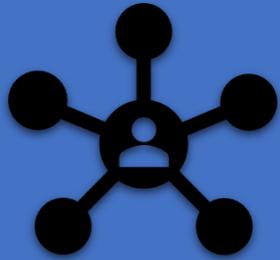


Reviewing and considering feedback and comments from the As-Is process and the agreed commissioning intentions, the transformation programme has been categorised into six themes

- All current and potential projects have been identified
- The groups are a combination of work in progress and new work
- This enables review and prioritisation as the change programme develops
- Move away from directorate silos
- Opportunities for alignment and mapping of interdependencies or duplication
- The projects set out will provide the basis for more

The projects set out will provide the basis for more detailed delivery plans, which, where appropriate, will reflect further work and take into account the feedback generated by consultation. As a consequence, some elements of the scope presented are likely to change over time.

Adults & Housing – Building on our Strengths



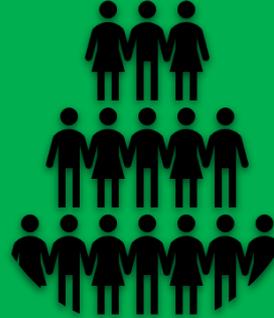
Person Centred

People and families in receipt of services are an active partner in the planning, development and monitoring of their care.



Workforce

Building a sustainable workforce, ensuring that people have the right skills and knowledge to provide high quality care and support.



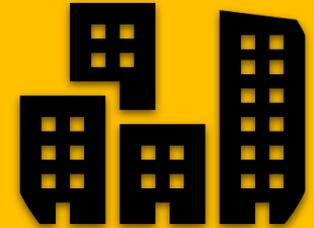
Community & Partnerships

Developing the resilience of residents and communities. Working closely with our partners in health and the voluntary and community



Integration

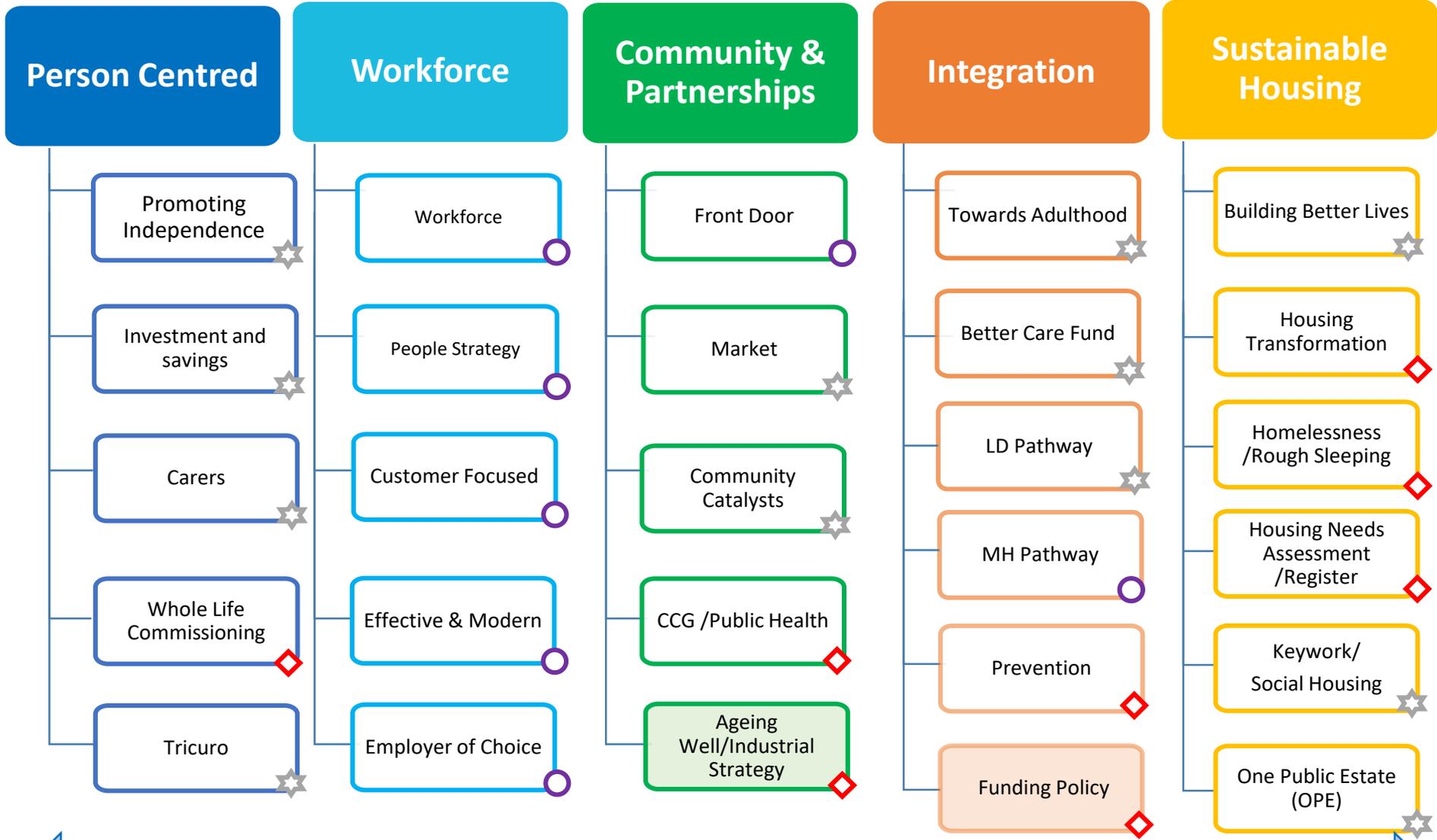
GPs, hospitals, health workers, social care staff and others working side-by-side in a more co-ordinated approach to deliver services.



Sustainable Housing

Taking a strategic approach to asset development to change how people are accommodated and supported.

Digital- exploiting the power of technology to improve health and social care outcomes



← Digital/Technology →

Discovery /Initiate 28%

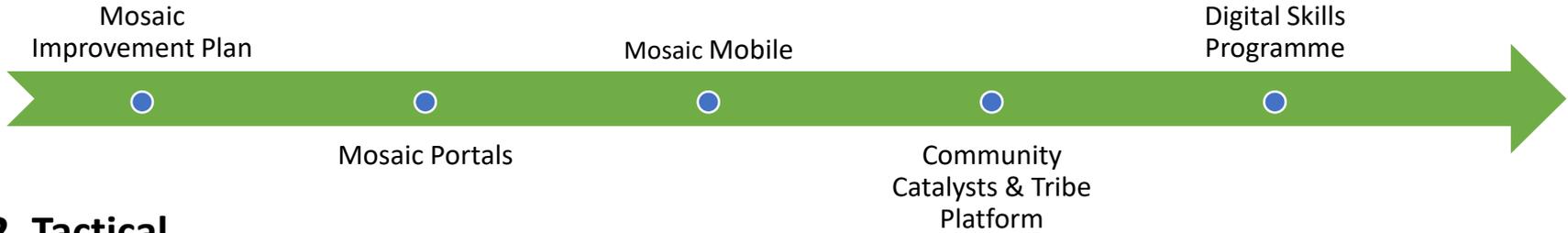
Feasibility/Scope 29%

Inflight 43%

Digital Framework

Initiated to support the transformation programme in how we can improve our digital interactions and delivery of services. Our Digital Transformation will only truly be considered a success if the culture of the organisation, the people and process evolve to adopt and exploit the opportunities digital technology can offer. To that end a comprehensive Digital Development strategy will be developed to support the change and will be closely linked into the wider workforce programme.

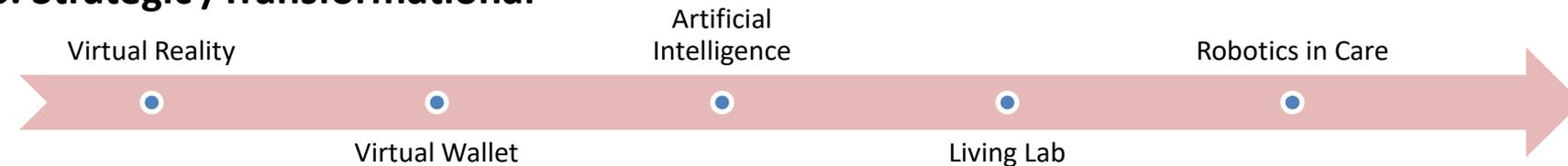
1. Inflight and Planned



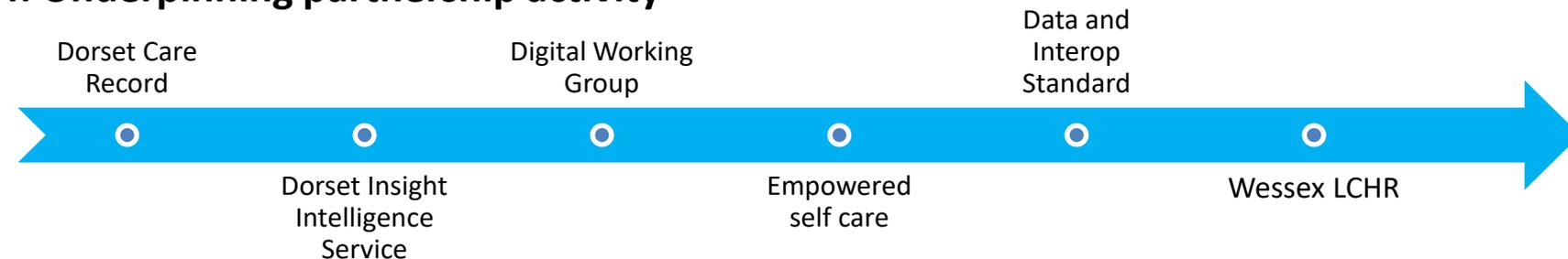
2. Tactical



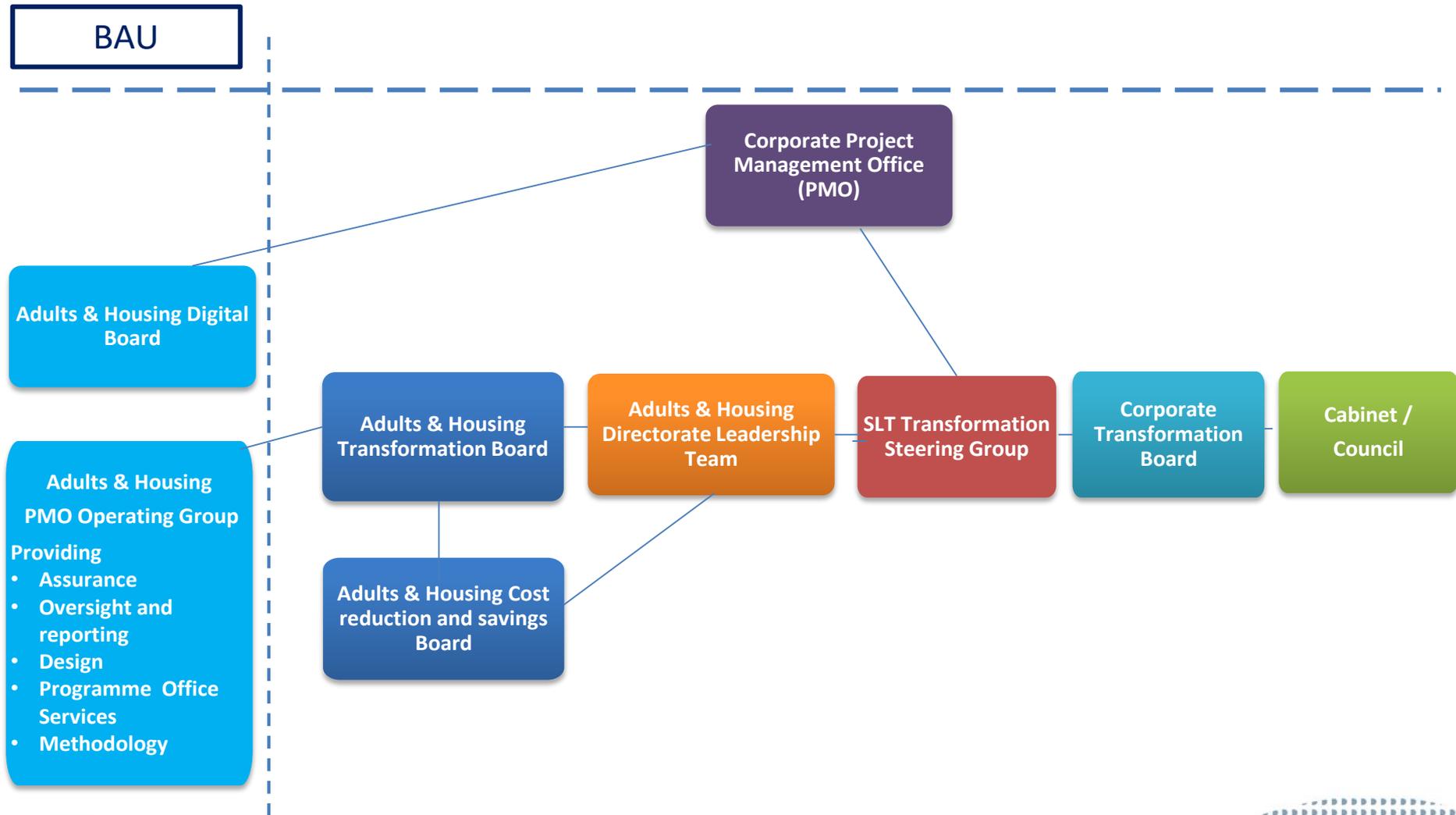
3. Strategic /Transformational



4. Underpinning partnership activity



Programme Management & Governance Arrangements



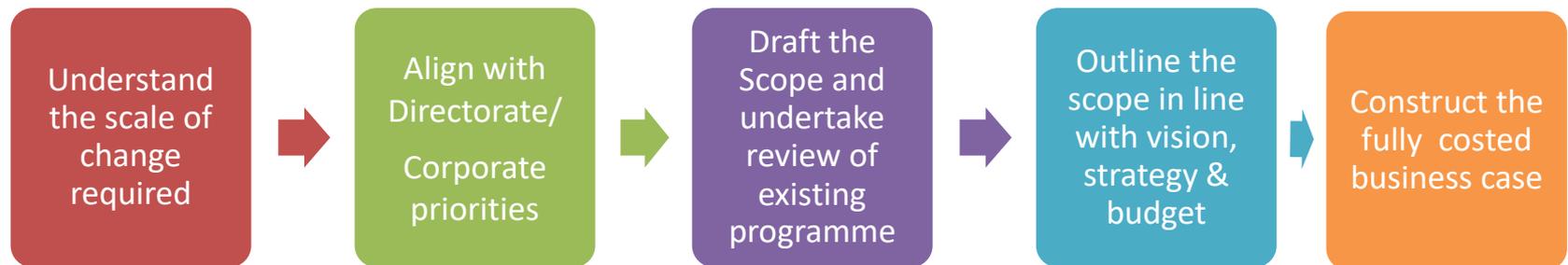
Monitoring the programme

The progress of the programme will be monitored and reviewed regularly.

A Benefits Management Strategy will set out the approach and framework that the programme will use to manage the realisation and delivery of benefits. The development of benefit profiles will be required to allow a system to be put in place that:

- Allows the programme to track progress against plans
- Allows the system to use the information to drive improvements

As part of the analytical work required for the programme the development of trajectories aligned to outcomes expected for each project will be required and a performance structure put in place to monitor progress against the change being made.



Transformation Programme Timeline – 3 Years

