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.

- Customer/people focused
- Design with evidence base
- Be consistent not uniform
- Workforce, stakeholders and partners involved and consulted
- Knowledge sharing
- Proportional, affordable and sustainable
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

- Customer Insight
- Partner Insight
- Statutory Performance
- Horizon Scanning
- Internal workforce
- Digital and Technology position

‘As Is’ mapping and SWOT

Create Personas and Location Story

Understand current position – Financials

Element 2  ‘To Be’

2023

3 Year Change Programme
Financial Modelling
Quick Wins/BAU
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.
Contact and referral

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

David has a fall and is admitted to hospital where he has a CT scan.

Hospital staff discuss the test results with David and his family (20 mins).

Hospital staff perform a capacity review and hold a best interest meeting.

Case notes are recorded in SystmOne.

Hospital staff speak with the hospital-based DCC social care team (1 hour) and decide to refer David for reablement.

The referral is recorded in Mosaic.

Reablement

The provider makes a referral to AAT via email.

The reablement provider performs a review and finds that David still needs support.

David leaves hospital and receives up to six weeks of reablement services at home.

The assessment is recorded in Mosaic.

A hospital-based DCC social worker performs an assessment and determines that David requires reablement (2 hours).

A support plan is completed, and brokerage put together a care package consisting of 30 minutes home care twice a day (2 weeks).

Assessment & planning

An AAT admin records the contact on Mosaic.

AAT staff identify that David has ongoing needs and make a referral to the locality.

DCC staff at the locality perform a care act assessment (2 hours).

The assessment is recorded in Mosaic.

A support plan is completed, and brokerage put together a care package consisting of 30 minutes home care twice a day (2 weeks).

Ongoing care

The review is recorded in Mosaic.

The review involves conversations with David, his family, and the care agency.

DCC perform an initial review after 6 weeks (It takes 1.5 hours).

David’s long term care package begins.

Thoughts and feelings

<table>
<thead>
<tr>
<th>Vulnerable</th>
<th>Comfortable</th>
<th>Pleased to be home</th>
<th>Fed up with being asked the same questions again and again</th>
<th>Relieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embarrassed</td>
<td>Worried</td>
<td>Resistant to intervention</td>
<td>Overwhelmed by the number of carers involved</td>
<td></td>
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</tbody>
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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 |

Dorset Council
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

- 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

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:

- Person Centred
- Workforce
- Community & Partnership
- Integration
- Sustainable Housing
- Digital

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
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**
   - Mosaic Improvement Plan
   - Mosaic Portals
   - Mosaic Mobile
   - Digital Skills Programme

2. **Tactical**
   - RPA Robotic Process Automation
   - Assistive Technology
   - ASSIST, IAG & Directory of Service
   - Commissioning Platform
   - eMarketplace

3. **Strategic /Transformational**
   - Virtual Reality
   - Artificial Intelligence
   - Virtual Wallet
   - Robotics in Care
   - Living Lab

4. **Underpinning partnership activity**
   - Dorset Care Record
   - Digital Working Group
   - Data and Interop Standard
   - Dorset Insight Intelligence Service
   - Empowered self care
   - Wessex LCHR
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

**July**
Engagement with Adults Services Teams to finalise financial implications, design interventions and shape a detailed programme plan

**August**
Develop detailed and costed investment and savings
Early implementation of quick wins

**September**
Presentation of final programme plan investment and benefits realisation tracking

**November**
Gain Cabinet approval for the full three year change programme

2019-2023
Work to delivery of Transformation Programme