

People & Health Overview Committee

14 September 2023

Birth To Settled Adulthood - Report of the Independent Chair

For Review and Consultation

Portfolio Holder: Cllr B Quayle, Children, Education, Skills and Early Help
Cllr J Somper, Adult Social Care, Health and Housing

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Report Status: Part Exempt

Brief Summary: An update to the Committee on progress with the Birth To Settled Adulthood (B2SA) Improvement and Transformation Programme.

Recommendation: To note the update and comment on the progress of the Birth to Settled Adulthood Improvement and Transformation Programme.

Reason for Recommendation: Birth To Settled Adulthood is a major improvement and transformation programme and the Committee has an important role to play in ensuring that it has the desired impact.

1. Report - Background

- 1.1 As Independent Chair, I made the last report to this Committee on 23rd March 2023 and committed to ongoing updates at that meeting. This is, therefore, the third progress report.

1.2 The March report set out the perceived strengths of and risks to the programme. The strengths included:

- Effective programme leadership;
- Strengthened relationships and focus across the partnership;
- Committed and informed political oversight from the relevant executive members; and
- An improved programme plan, reporting process and risk assessment framework.

The top risks that needed to be closely managed included:

- Ensuring that attention, capacity and capabilities are maintained at a time when there are many competing (and, inevitably, unforeseen) demands on people's time;
- Undertaking a comprehensive system mapping of current funding, including the implications of any savings to be made, and agreeing future resources for the new service model;
- Adequately preparing the workforce for the changes ahead; and
- Communicating the purpose, nature and benefits of the changes to all relevant parties and, most especially, parents, carers, children and young people.

1.2 The overall assessment at that time was that there was confidence in the partnership's ambition, plan and commitments, all of which were strongly indicative of the programme being able to progress within the timeframe set out.

2. **Report - Update**

2.1 Much of the above remains relevant, but there are some nuances and additions to be reported in this update.

The following paragraphs cover five key areas of both development and risk: i) Funding; ii) Service Redesign; iii) Commissioning; iv) Communications; and v) Partnership.

2.2 **Funding:** the programme has yet to map out fully both present and future levels of investment, including the strategy for achieving the savings

associated with the Children's Services budget. Work to establish a comprehensive picture is now more fully underway, but it will need to have an even sharper focus and drive in the coming weeks to ensure that there is sufficient understanding among the key partners – Dorset Council and NHS Dorset – for the Board to have complete confidence in the resource requirements and funding availability for the new service model.

- 2.3 **Service Redesign:** as planned, this work has moved forward significantly since the last report. At the August Board meeting, a functional model and framework was presented that captured the majority of services that are in scope for redesign, mapping them against an agreed set of (nine) child-focused outcomes that the redesign is working to. More work is required to complete this mapping work (and is intrinsically linked to the funding workstream), mainly to ensure a comprehensive capture of the relevant NHS services.

The board was supportive of this approach and, consequently, gave its support to moving from this functional mapping to the development of service organisation options that will illustrate how the functions will come together to create a more integrated, cohesive, dynamic and family-friendly way of assessing for, planning for, and delivering against needs.

There is much development work to be undertaken in the next two months and the Board has agreed to an additional meeting in September to act as a further checkpoint on progress before its support for an operational model is sought formally in October.

While the redesign continues there has also been a strong focus on those young people who are not yet able to be supported under the new service. As a result, there is a small cohort of young people (the number changes as they get older and fall in or out of the cohort) aged 17-18yrs who are tracked with enhanced transition plans. This recovery work is also overseen by the Partnership Board where positive impact has been achieved to improve these children's outcomes. An example of this can be found in appendix 1 where a young person with complex presentations has been supported to move home and was fully included in the decisions about his life and what settled adulthood looked like for him. The young person's parent had reflected on some of the previous challenges but felt the enhanced transition work has now achieved the best outcome for her young person.

- 2.4 **Commissioning:** discussions are underway between Dorset Council and NHS Dorset to agree the underpinning approach to the future joint commissioning of services for elements of this programme delivery where this makes sense. The council is moving to a more integrated model between children's and NHS Dorset to ensure that there is an agreed holistic partnership approach to needs identification, prioritisation, service commissioning and decommissioning, funding and impact evaluation. Both Children's Services and NHS Dorset are using the Adult Social Care Dorset Care Framework and Adult's Social Care will continue to support agreed progress on new "lots" and develop the market to support the wider work for the programme. Collaborative working needs to be developed further to ensure that the Board can be advised of the (likely staged) collaborative model of commissioning for the long term.
- 2.5 **Communications:** keeping all the relevant parties informed and, as necessary, engaged in the work of this programme will be a crucial determinant of "how it feels" to implement and benefit from the new service model. Now that there is a rapidly emerging framework for future service configuration and delivery, it is all the more important that the three key partners – Dorset Parent Carer Council, Dorset Council and NHS Dorset – fulfil their individual and collective roles in ensuring that families, the workforce and other interested parties continue to be kept fully informed and, as appropriate, involved in the programme. The Board has reviewed the current communication plans and has endorsed that communication and engagement activities will ramp up significantly in the coming weeks as the service redesign progresses apace.
- 2.6 **Partnership:** as previously reported, over the duration of this programme (now 21 months in) relationships, understanding and commitment from partners have developed significantly. However, there are competing pressures on all concerned and it will be imperative that focus and capacity are maintained, and enhanced as required, because the programme is entering its most intensive phase so far (as evidenced in the previous paragraphs).

The sponsoring senior executives and the Programme Director will need to ensure that issues of capacity, in particular, are kept under close review as there is a considerable amount of work to be undertaken in the last weeks of the summer and into early autumn. The timely completion of the current phases of work is needed if the deadline of a 31st March 2024 launch is to be met. Both adults and Children's services have committed additional resource to the programme to support the delivery timescales.

The Board explored this area in some detail at its August meeting (it explores commitment and capacity at every meeting), given that the reality of what needs to be moved forward – the funding, the service redesign and the commissioning model – are all time and negotiation intensive. Assurance was given that timescales were still realistic, and progress will be reviewed again at the additional Board meeting in September.

- 2.7 **Overview:** it is important, given the challenges that this programme presents – not least, getting it right for families – to state that tremendous progress has been made since the last report to this Committee. The determination to get things right for children and young people is manifest and the workstream teams are strong and purposeful.

It is for this reason that it is critical for the lead members and lead officers to sustain their focus on the programme’s completion and ensure that the capacities and commitments are there to work through the considerable detail that is contained with the main pieces of work referred to in this report.

All those involved have both the Board’s full confidence and support. As Independent Chair I share in that. The challenge is to ensure that partnership working widens and deepens further to address the ‘hard yards’ of the coming weeks to deliver the much-anticipated and long-awaited impressive outcomes-based new model of service for Dorset’s most vulnerable children, young people and their families.

3. **Financial Implications**

None arising from this report or the work of the Independent Chair. What the report highlights (para 2.2), however, is the need for the partnership to understand fully the system funding and the implications of any savings, so that the future service model is sufficiently and sustainably funded.

4. **Natural Environment, Climate & Ecology Implications**

“No impact” arising from the work of the Independent Chair.

5. **Well-being and Health Implications**

None arising from the work of the Independent Chair.

6. **Other Implications**

None arising from the work of the Independent Chair.

7. **Risk Assessment**

Birth To Settled Adulthood has a risk register incorporated into the programme plan. The key risks to the programme are set out in paragraphs 2.2 to 2.6 above.

8. **Equalities Impact Assessment**

This is implicit in the programme plan: the reason for this programme is the previously identified inequality in outcomes for the children and young people within the scope of this programme.

9. **Appendices**

Appendix 1: case study (Exempt)

10. **Background Papers**

None.