

An aerial photograph of Southampton harbor and the surrounding city. The harbor is filled with various ships, including a large cruise ship and a ferry. The city is built on a peninsula, with a mix of residential and commercial buildings. The surrounding area includes green fields and a road network.

Adults and Health HOSP

Performance and Transformation – August 2024

Agenda

1. Our Vision and Strategic Aims
2. Delivering the Vision – key achievements and challenges
3. Our Performance Data
4. Next steps in our transformation – Key programmes of work

Vision and Context



Our Vision and Strategic Aims

We share the #SocialCareFuture vision to enable us all:

To live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us



A high-quality service that is easy for people to navigate



An excellent early help offer



A confident and competent workforce



A fair, sustainable and flexible service

Delivering the vision

Key completed activity

- ✓ ASC Strategy 2024-2029
- ✓ Charging policy
- ✓ EquipMe
- ✓ SCC Mental Health team created
- ✓ Occupational Therapy Team created
- ✓ Redesign of ASC webpages
- ✓ Financial Self-Assessment
- ✓ CareTec trial
- ✓ Needs Self-Assessment
- ✓ Direct Payments – Phase 1

Benefit delivered

- Self-serve **capability strengthened**
- **Use of self-serve tools** and Information, Advice & Guidance steadily increasing
- Service Centre **resolving a greater number** of requests
- % of people accessing ASC team requiring a Care Act Assessment increasing meaning the **skilled workforce is focused at the right level** of need
- Our **Mental Health** team has social work **oversight and support**
- Our **Occupational Therapy** team has social work **oversight and support**
- Our restructure has **delivered targeted savings** with no redundancies
- We have **evidenced the crucial role technology** can play in protecting independence

Case study – Joint working best practice

In July, Social Workers from our Learning Disability Service and Children's Services, jointly presented to a national conference, for Principal Social Workers from Children's and Adult's Services. The feedback from attendees was overwhelmingly good, including positive feedback from established researchers in this area of practice.

The SW's shared 'Bella & Riley's'* story who had been supported by both services. Initially it appeared that Bella may not keep parenting Riley due to her Learning Disability. Sadly, research shows that nationally, this happens far too often. However, the work between adult's and children's teams in supporting Bella and Riley ensured that this was not the story for this family.

Riley is no longer under a section 20 and Bella has moved into independent living with Riley. Bella receives some support under the Care Act 2014. The family are described as 'flourishing'.

Childrens and Adults staff learnt from each other, in understanding the legislative frameworks and priorities. Bella received a gift voucher for her contribution, of a voice recording for the event, as a person with lived experience.

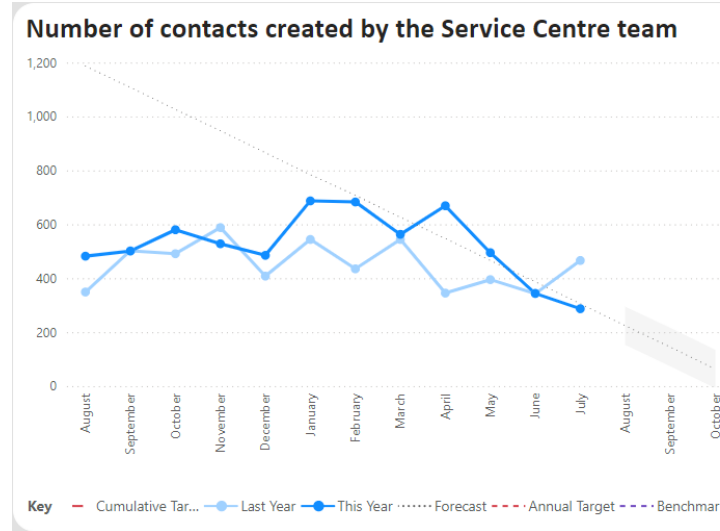
Other Local Authorities have asked for the slides and there is interest in SCC presenting at other national events.

ASC Performance

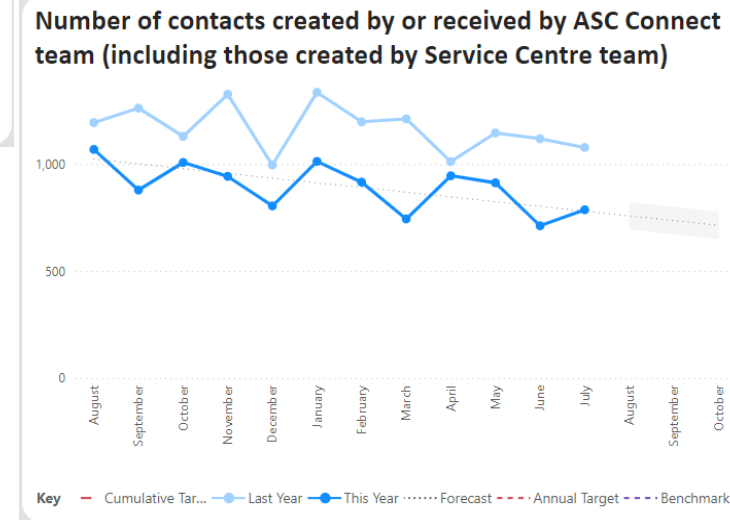
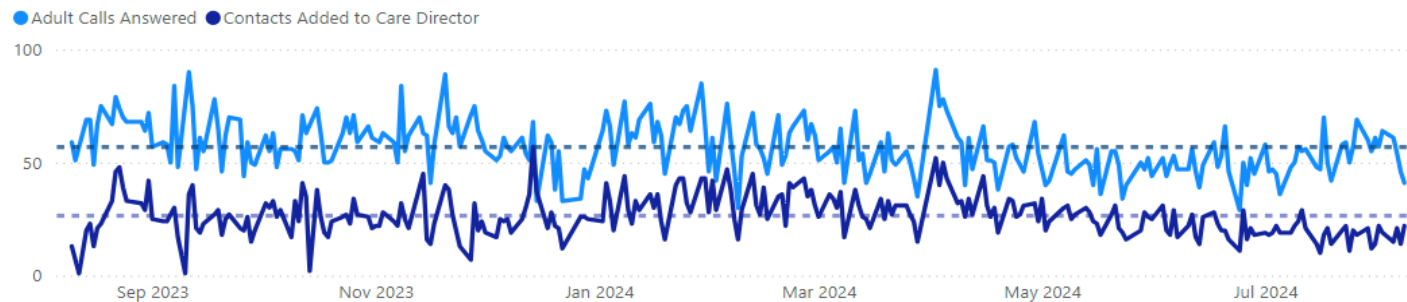


Managing Demand - Service Centre

There is a **gradual downward trend** of ASC calls coming to the service centre and a further downward trend of contacts being created and referred to ASC. This is positive and **demonstrates the effectiveness** of the improvements that have been made to information advice and Guidance and self-serve tools over the last 12 months



Adult calls answered and contacts added to Care Director: 10 August 2023 - 09 August 2024



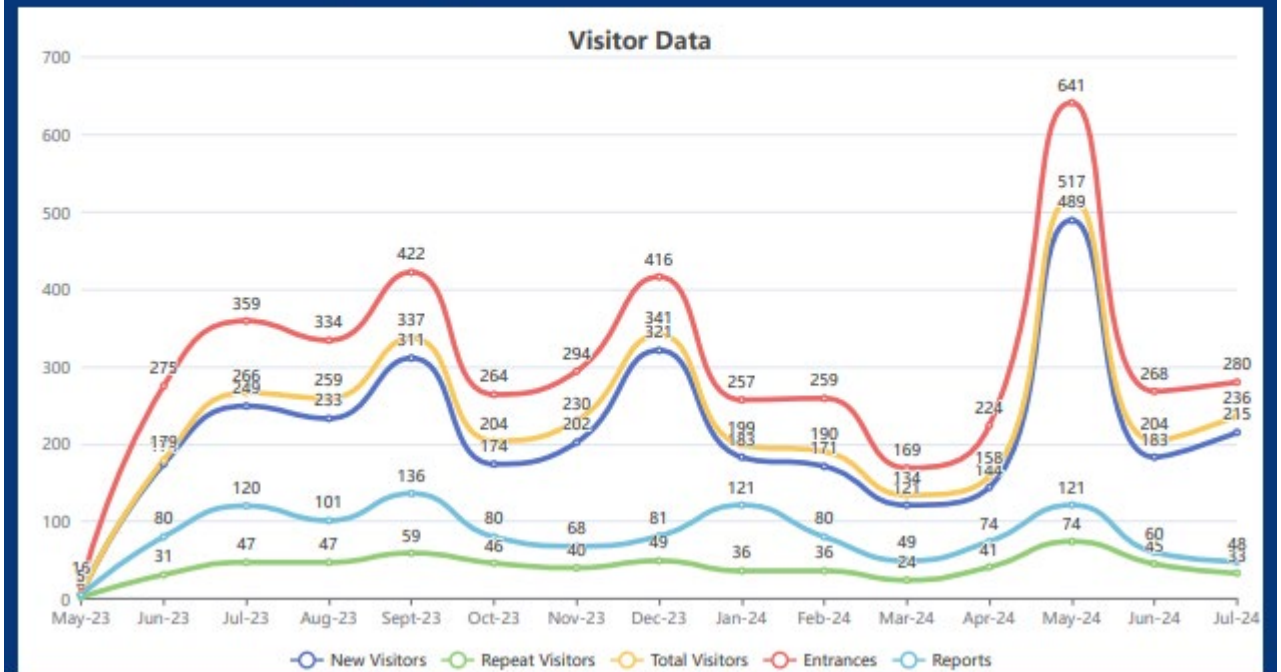
Managing Demand – Self-serve tools

We have created a number of online self-serve tools including **EquipMe** – An assistive technology tool to assess, recommend and support purchases. This is showing **increased uptake and reducing the number of calls** to the service centre enquiring about tools to support independent living.

Southampton City Council	June	July	Variance
New Visitors	183	215	up 17%
Repeat Visitors	45	33	down 27%
Total Visitors	204	236	up 16%
Reports Completed	60	48	down 20%
Total Visitors/Reports	29%	20%	-
Total Entrances	268	280	up 4%
Total Bounces	112	151	up 35%
Bounce Rate	42%	54%	-

Visitor Data

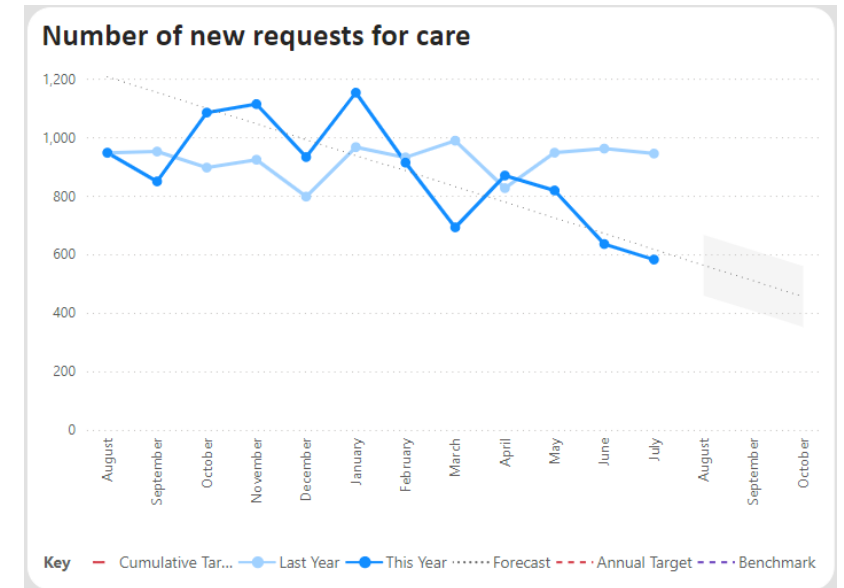
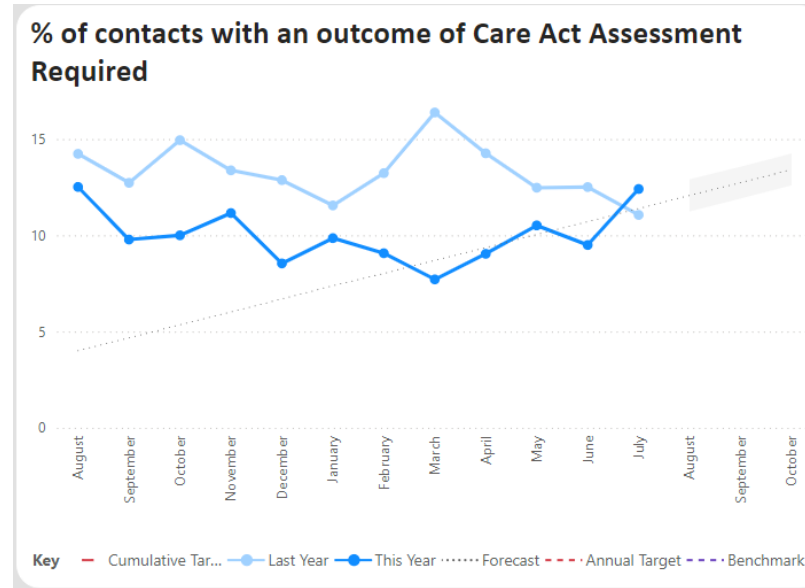
All Time Visitor Data - May 2023 - July 2024



Managing Demand – New requests for care

The percentage of people referred to the ASC team requiring a **Care Act Assessment** is increasing this means that the skilled workforce is focused at the **right level of need**

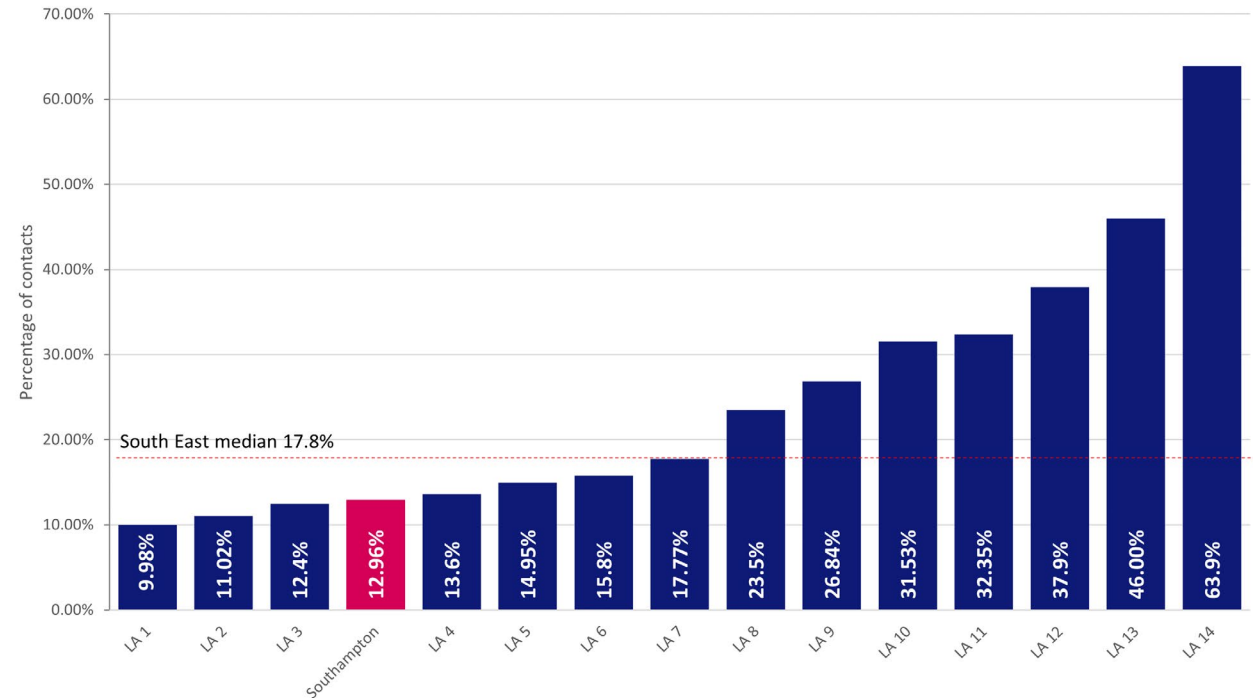
The number of **new requests for care** is decreasing this is suggesting that an increased number of people are using our self-service tools and information to **meet their needs**



Contacts to care assessments – SE ADASS provisional data

This links to previous slides around our strategic ambition to support people to self serve. Managing conversations with people at the point of contact to offer advice, information and guidance prior to the need for a Care Act Assessment is a positive direction.

Percentage of contacts that progress to social care assessment, South East local authorities, Jan-Mar 2024

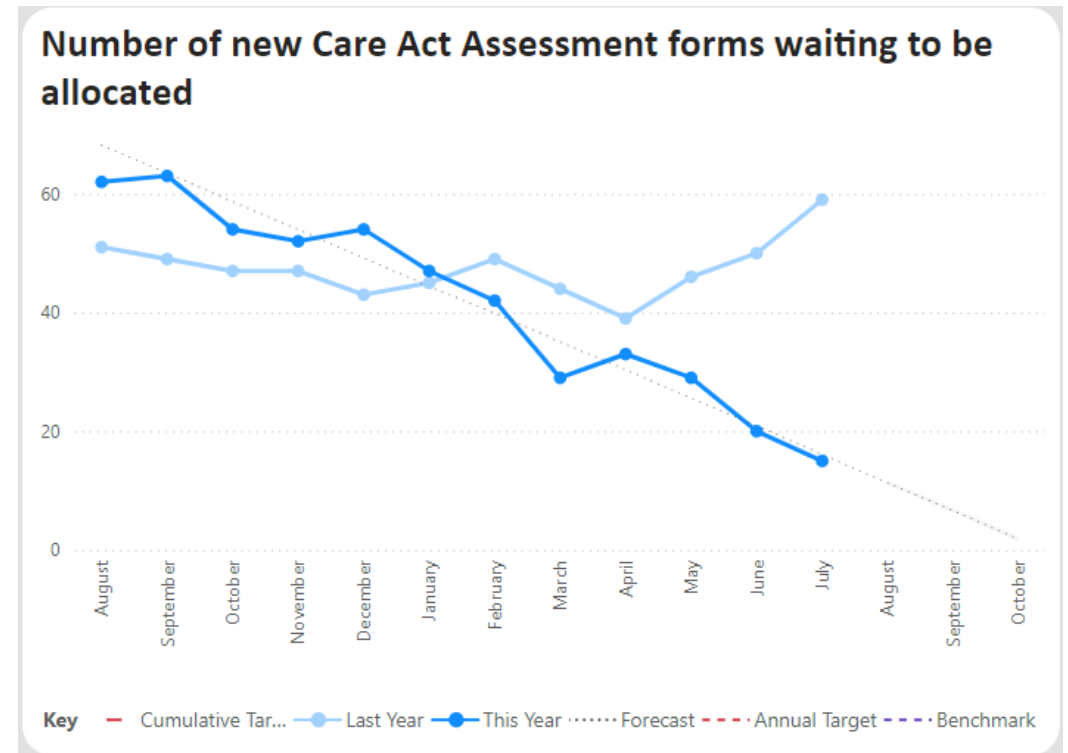


Care Act Assessments

The **timeliness** of Care Act assessment allocation **continues to improve**, the restructure of adult social care will improve process and practice to further improve timeliness of allocation and completion.

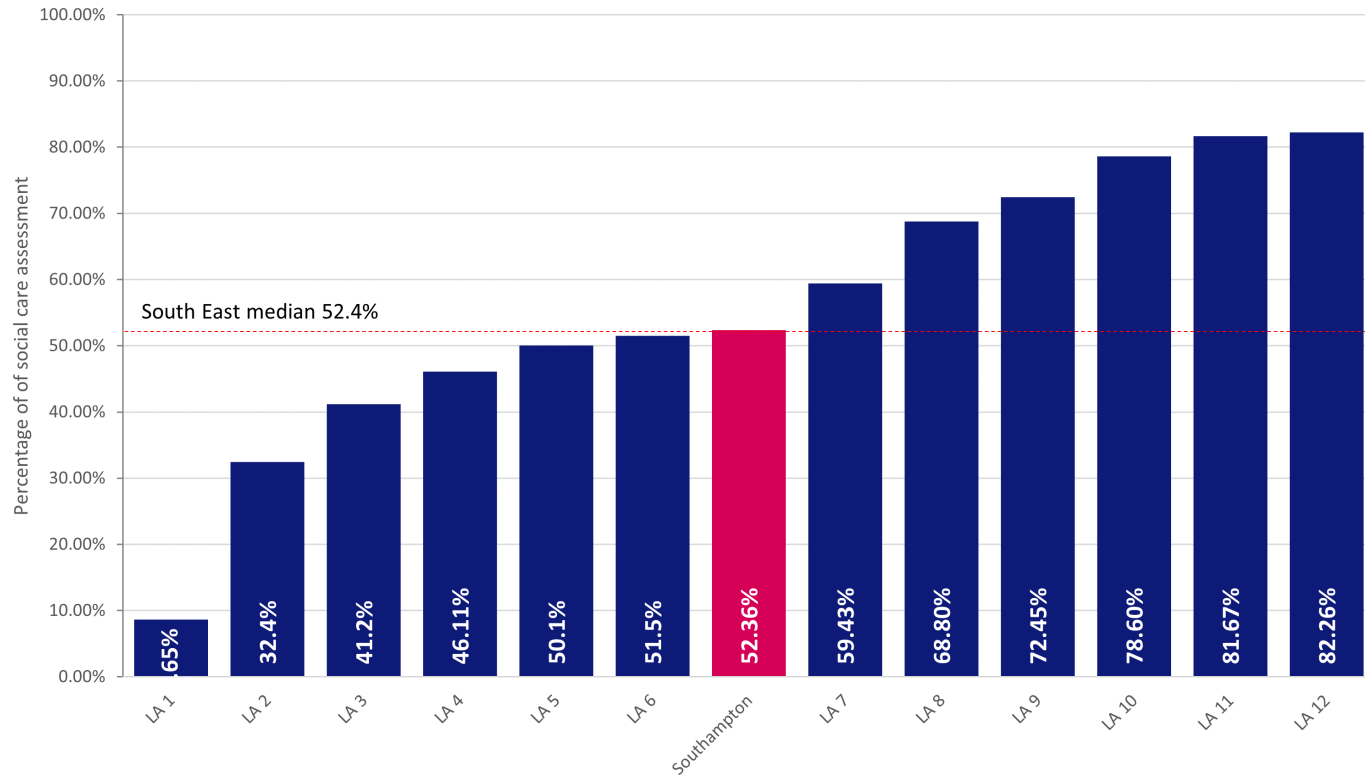
Annual reviews have improved since last year and performance is **higher than national average**.

Percentage of people being assessed or reviewed in last 12 months has levelled off over the last 6 months **but remains higher than the national average**.



Social care assessment that result in support plans – SE ADASS provisional data

Percentage of social care assessment that result in support plans, South East local authorities, Jan-Mar 2024

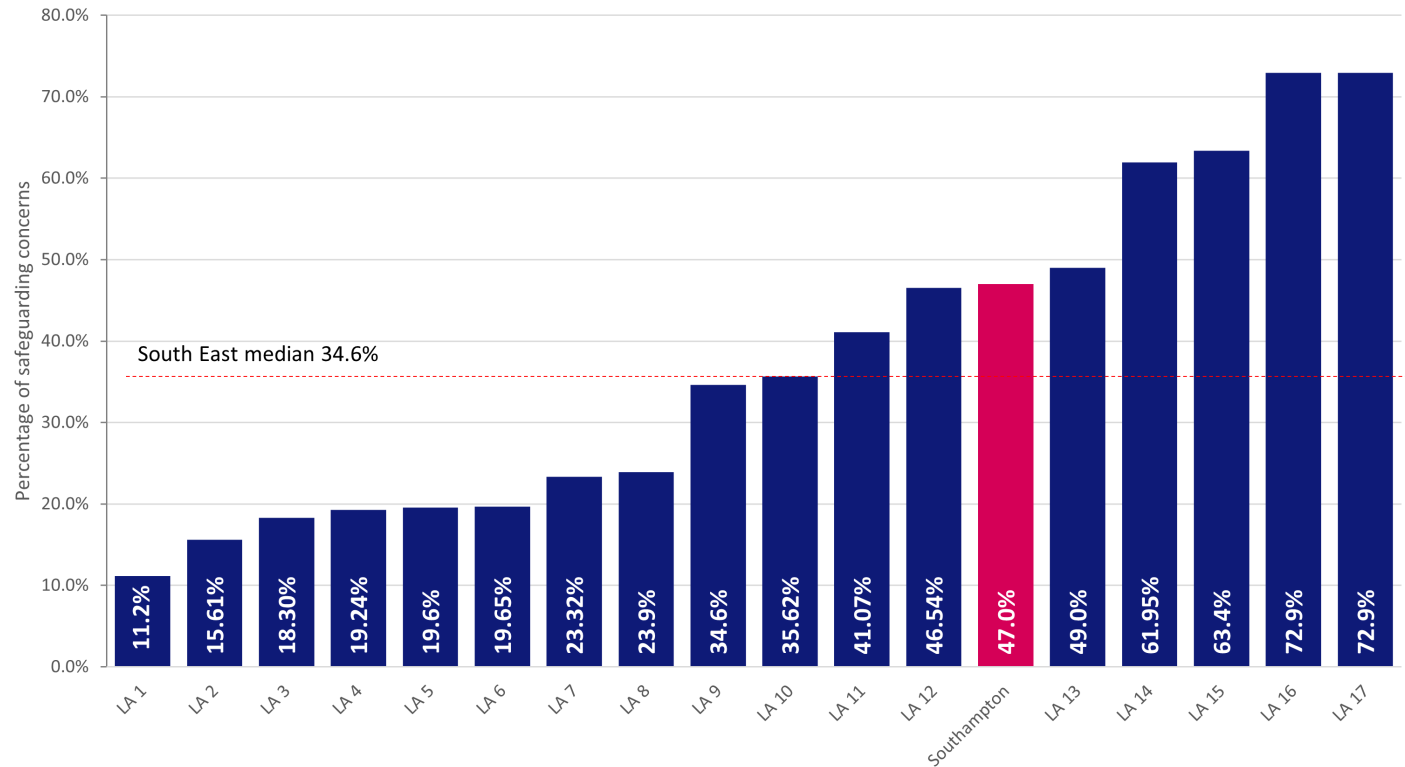


Care Act assessments are interventions in themselves and should be strengths based and person centred relating to a person living as independently as possible. Having 52.36% resulting in a support plan is a good position to be in demonstrating that people are experiencing strengths-based assessments.

Safeguarding – SE ADASS provisional data

Through the training and supervision with staff, raising awareness of safeguarding, we have increased the percentage of SG concerns that become a Section 42. In previous years this was lower than our statistical neighbours. We will continue this work within the new safeguarding hub providing a consistent and robust approach.

Percentage of SG concerns that become a Section 42 enquiry, South East local authorities, Jan-Mar 2024

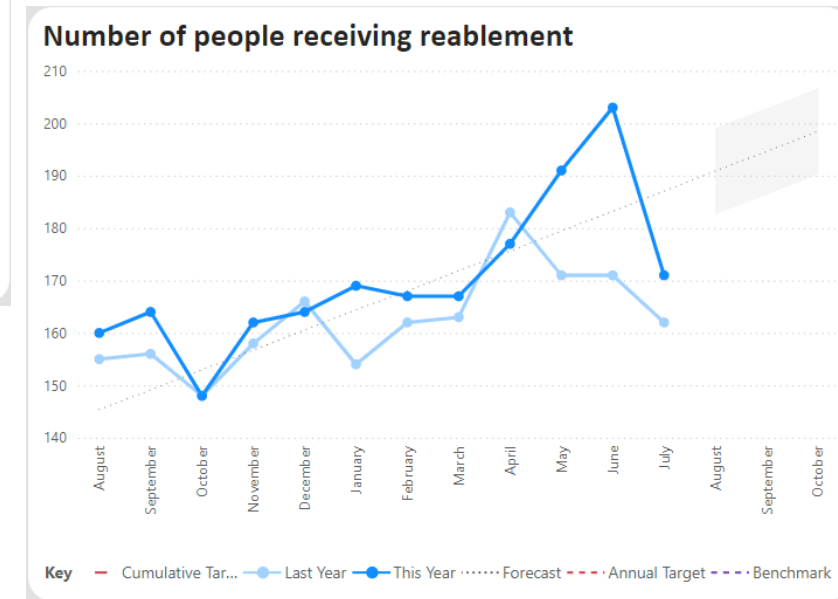
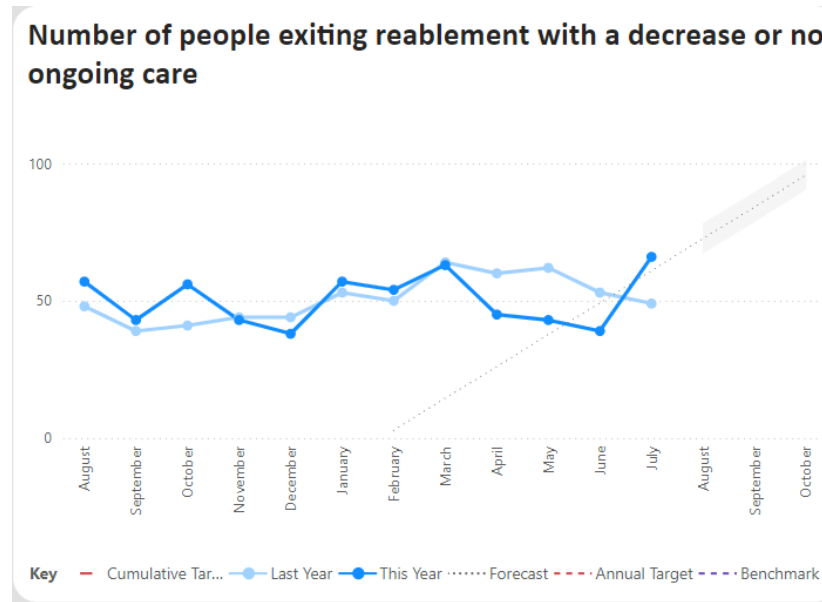


Reablement – Improving independence, reducing admissions

Performance is **continuing to improve** with the number of people exiting reablement with decreased or no ongoing care.

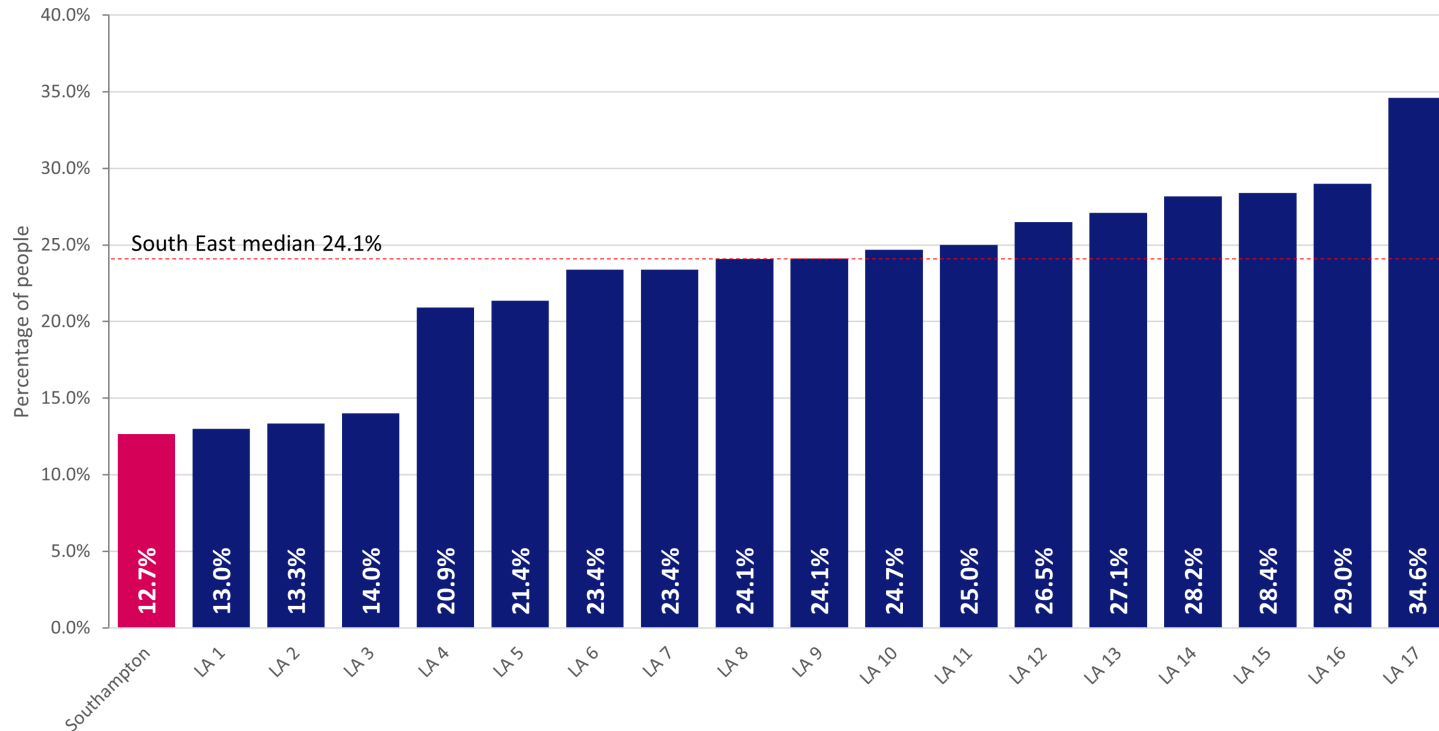
The number of **people receiving reablement continues to increase** and remains higher than the same time last year.

The reablement service will be redesigned to support **continued improvement** as part of the ongoing transformation work.



Direct Payments – SE ADASS provisional data

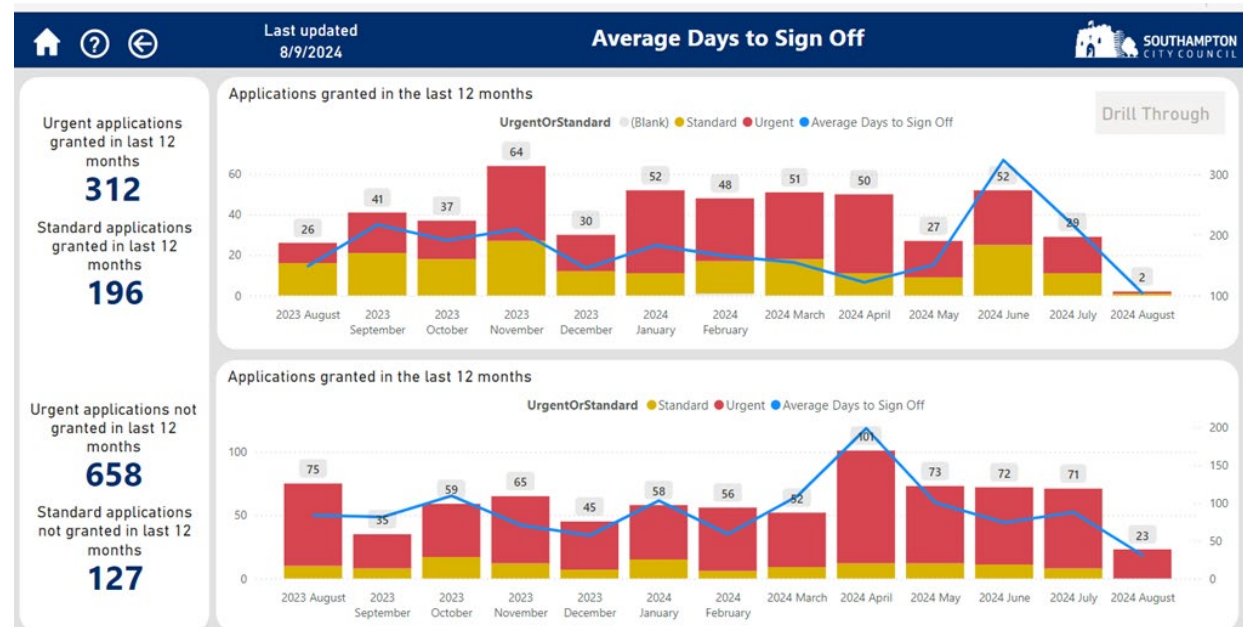
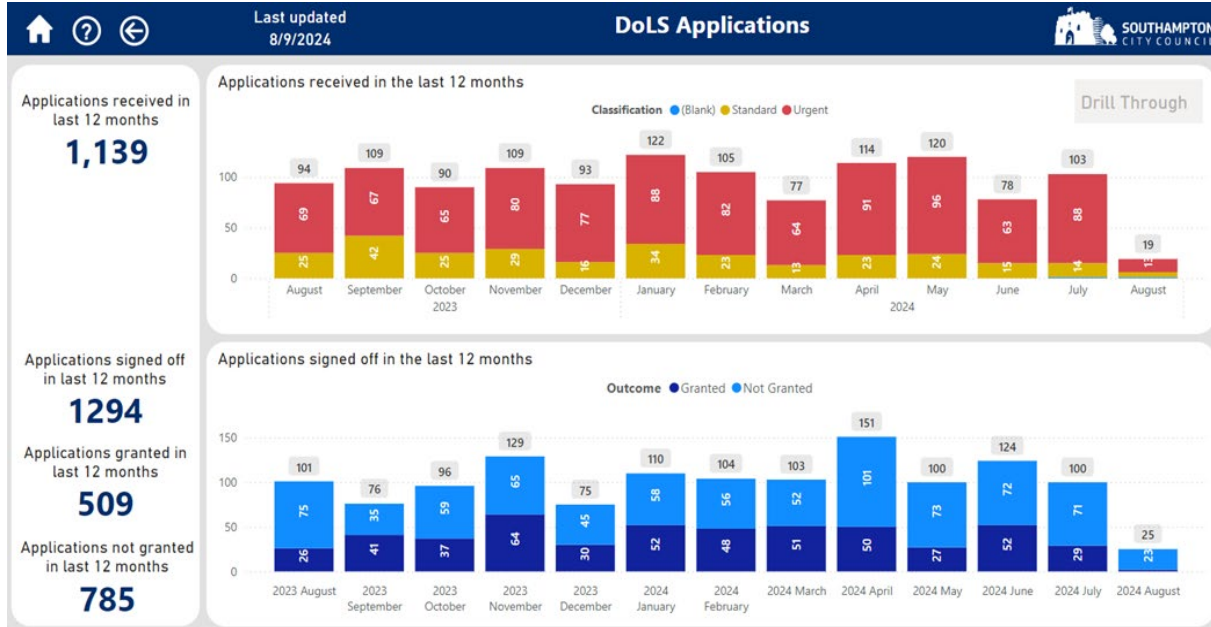
Percentage of people in the community that purchase their services with a **direct payment**, South East local authorities, Jan-Mar 2024



Whilst the number of Direct Payments has reduced in the last 12 months – this was expected as the unpaid carers service had been using DPs inappropriately. This has now been addressed resulting in the reduction.

However, we have now launched the Virtual Wallet and simplified the whole process of Direct Payments with new guidance, and we expect the use of DP to increase in the next quarter to be more in line with our statistical neighbours.

DoLS update

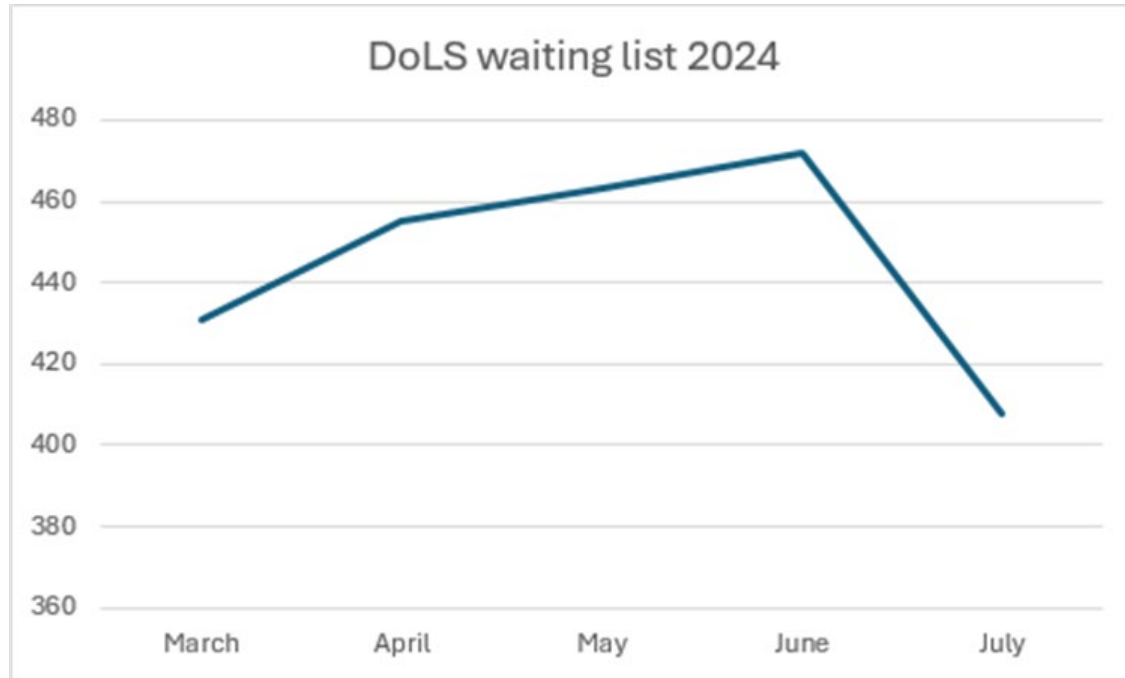


We have had a steady number of applications over the last 12 months of around 15 per week

Have closed off more authorisations than received, reducing the waiting list overall.

Number of days to sign off has slightly increased, however, we have had five authorisers leave the service in the last 5 months and have worked hard to minimize the impact; with the DoLS manager increasing their authorisations and now enrolling new managers onto training for October '24.

DoLS waiting list



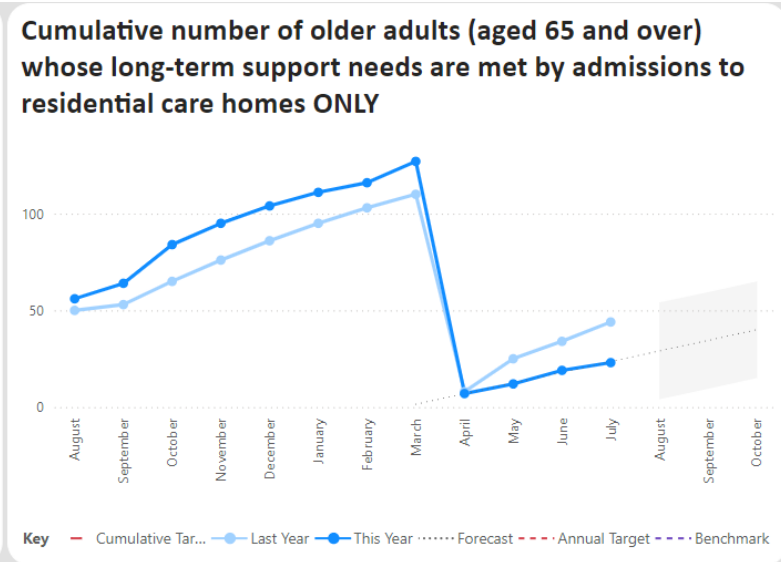
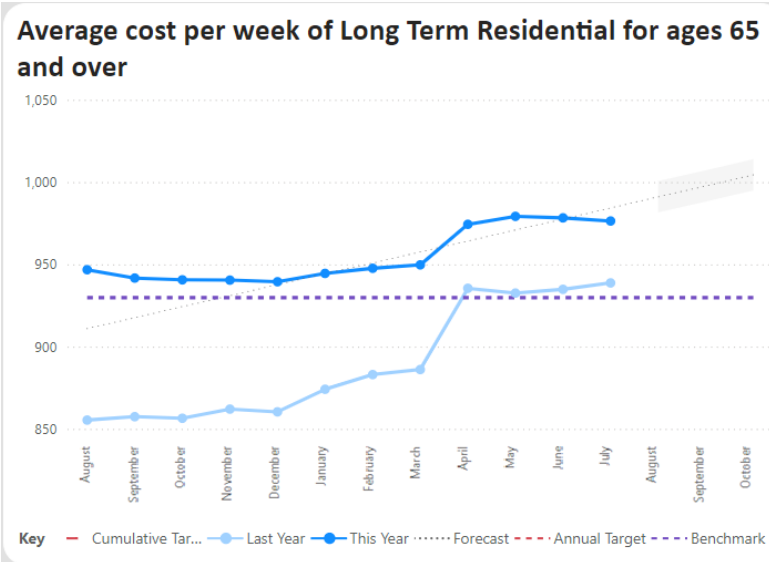
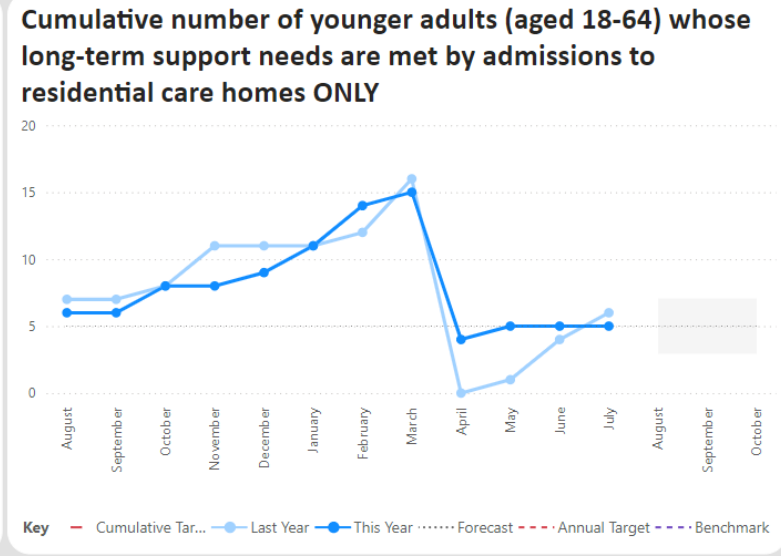
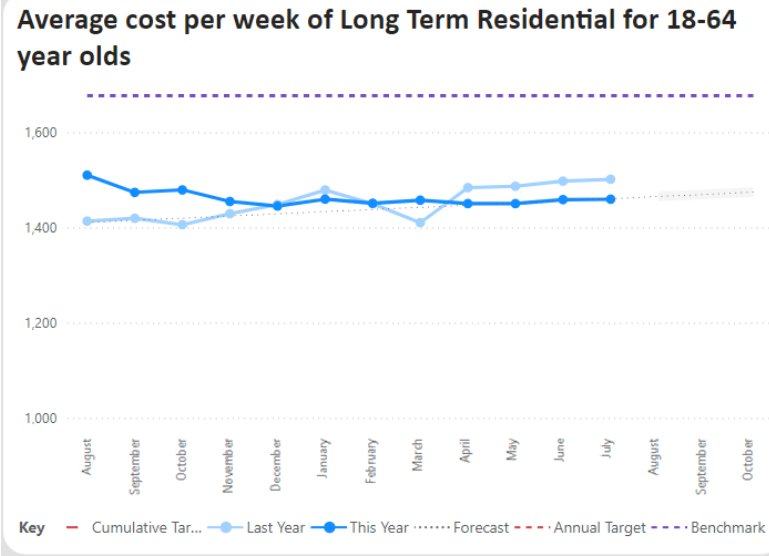
- Those on waiting list reviewed regularly using the latest ADASS DoLS priority tool [adass-dols-priority-tool-final-2.docx \(live.com\)](#)
- Quarterly data cleanse with all outstanding referral and reviews
- Regular reviews with providers around their individual service needs
- Working closely with Quality & Safeguarding in the ICU
- Attend provider forum
- Meeting with UHS every 6 weeks improving practice and quality of information
- Working closer with Care Placements Team
- New Best Interest Assessors trained across ASC
- Closer monitoring of allocated work

Placements - Residential

Numbers of people admitted to residential care homes is **currently below last year's figure** for both 18-64 and 65+.

There is a **slight increase in the number of people in residential care**, all been subject to rigorous management oversight to ensure that all other options have been considered.

Development of **assistive technology** options and in the longer term an increase in extra care sheltered care provision will be key to supporting people to remain in their own homes longer in future and prevent or delay the need for residential care.



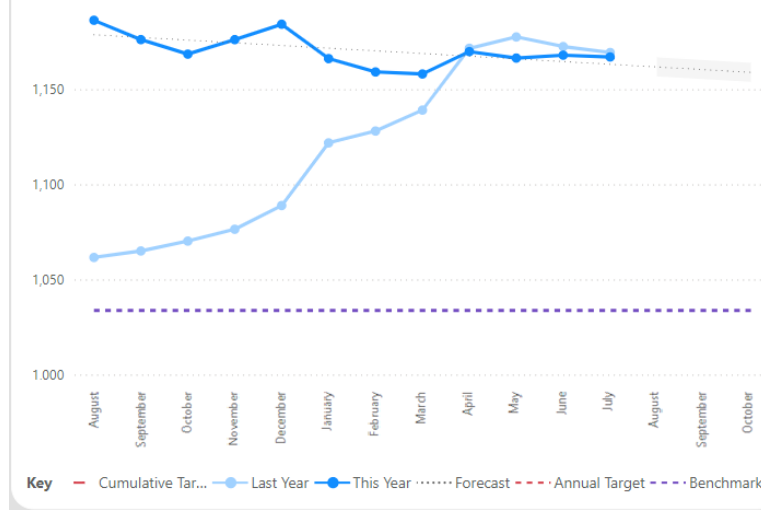
Placements - Nursing

The increasing number of people going into nursing care is reflective of an increase in the number of people with multiple and complex health conditions in people under and over 65.

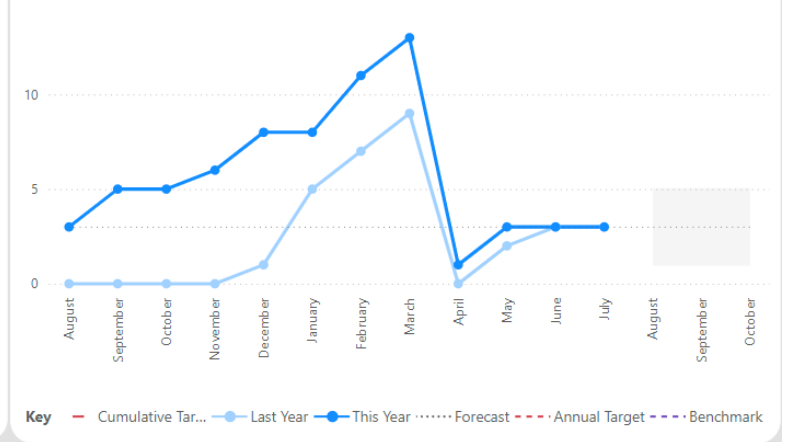
The number of people admitted to nursing care homes is **in line with last year for 18-64 and slightly below for 65+.**

33 people moved to nursing from residential care in 2023-24 (3 under 65) as their health condition deteriorated. 9 have moved in Apr – Jul 2024 (all 65+).

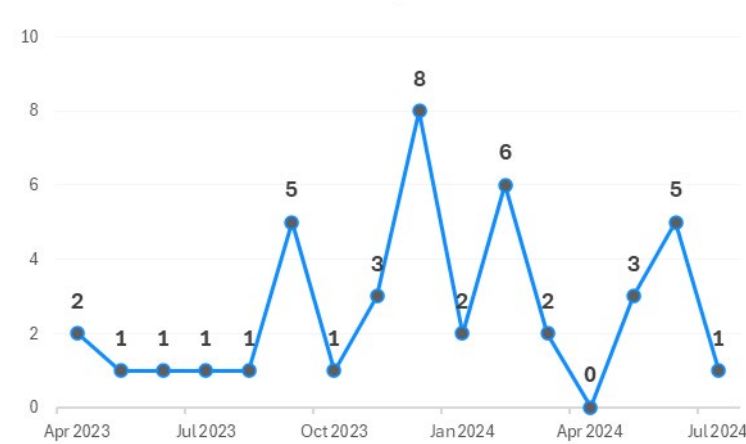
Average cost per week of Long Term Nursing



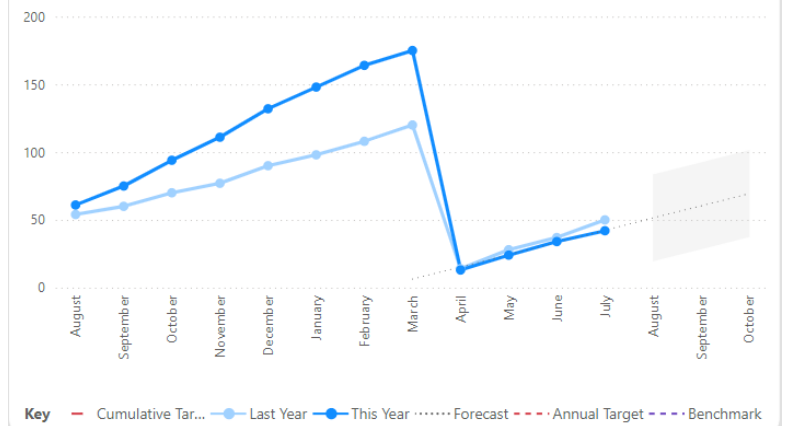
Cumulative number of younger adults (aged 18-64) whose long-term support needs are met by admissions to nursing care homes ONLY



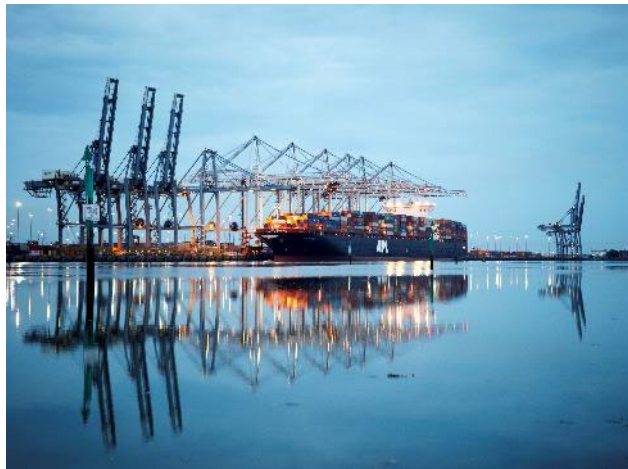
Total people moving from residential to nursing care



Cumulative number of older adults (aged 65 and over) whose long-term support needs are met by admissions to nursing care homes ONLY



ASC Commissioning Performance



Social Care Provide Quality



9 Nursing Homes
78% rated Good or
above by CQC (no
change)



23 Older Adults
Residential Homes
83% rated Good or
above by CQC(no
change)



24 Mental Health /
Substance
misuse/ Learning
Disability
providers
88% rated Good or
above by CQC (no
change)

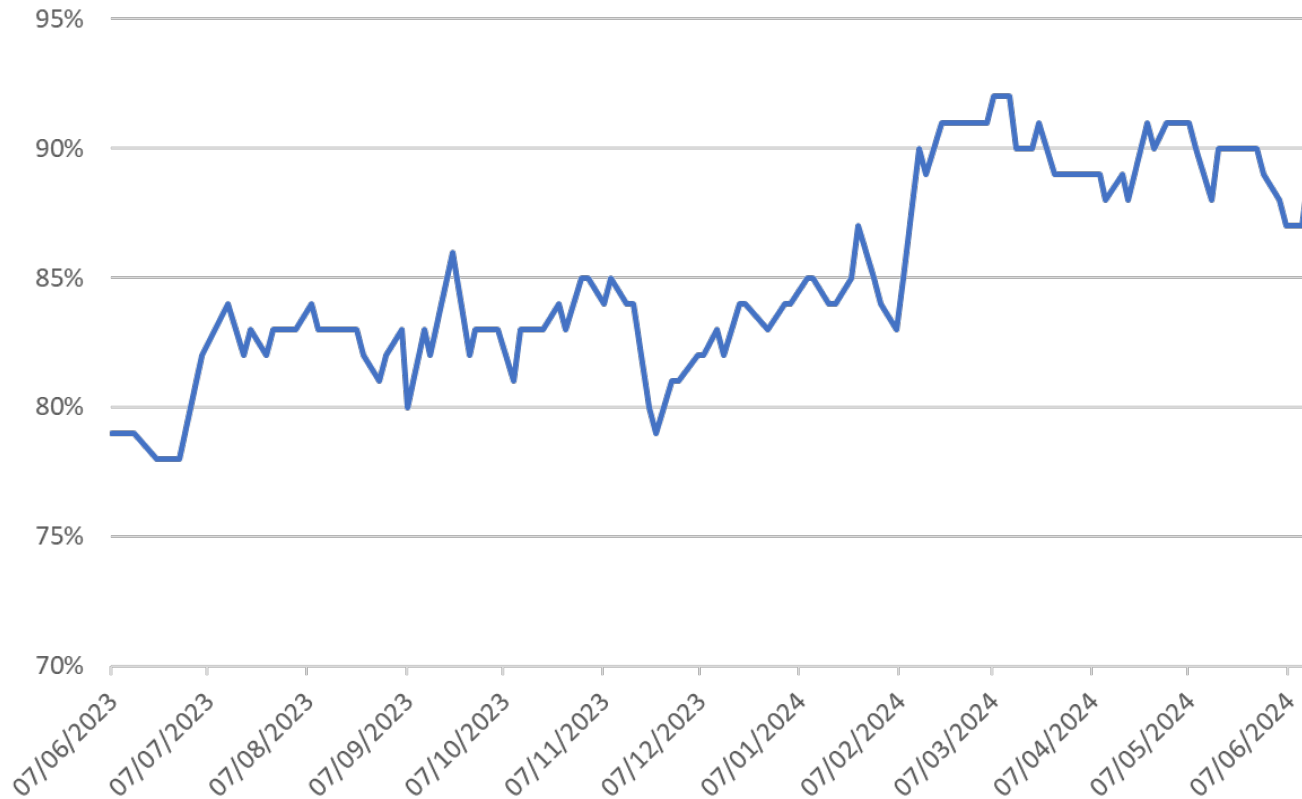


43 Home Care
providers, including
Extra Care **90%** rated
Good or above by CQC
(slight improvement)

BUPA Block Contract Occupancy



BUPA Block Contracts: Beds occupied (%)



- BUPA Block contract occupancy is currently around 90% (at both homes, Northlands & Oak Lodge)
- This is an increase from around 80% in June 2023
- Occupancy is updated twice per week and weekly monitoring meetings held to track active referrals, assessments or any other factors which affect occupancy levels

Brokerage Timeframes

Average days taken to source new placements/ packages of care



Service Type	April	May	June
Home Care	1.2	1.1	0.8
Nursing	6.7	9.9	7.5
Residential	7.4	9.3	5.9
Supported Living	0.0	0.0	0.0
Other	8.6	4.6	3.6

- The local home care market continues to perform well
- Improvements to turnaround of referrals for residential and other care.
- Nursing block contract beds at near full capacity - excess demand for nursing care increasing exposure to 'off contract' provider assessment/ admission timeframes.

Finance



M3 Finance Scorecard

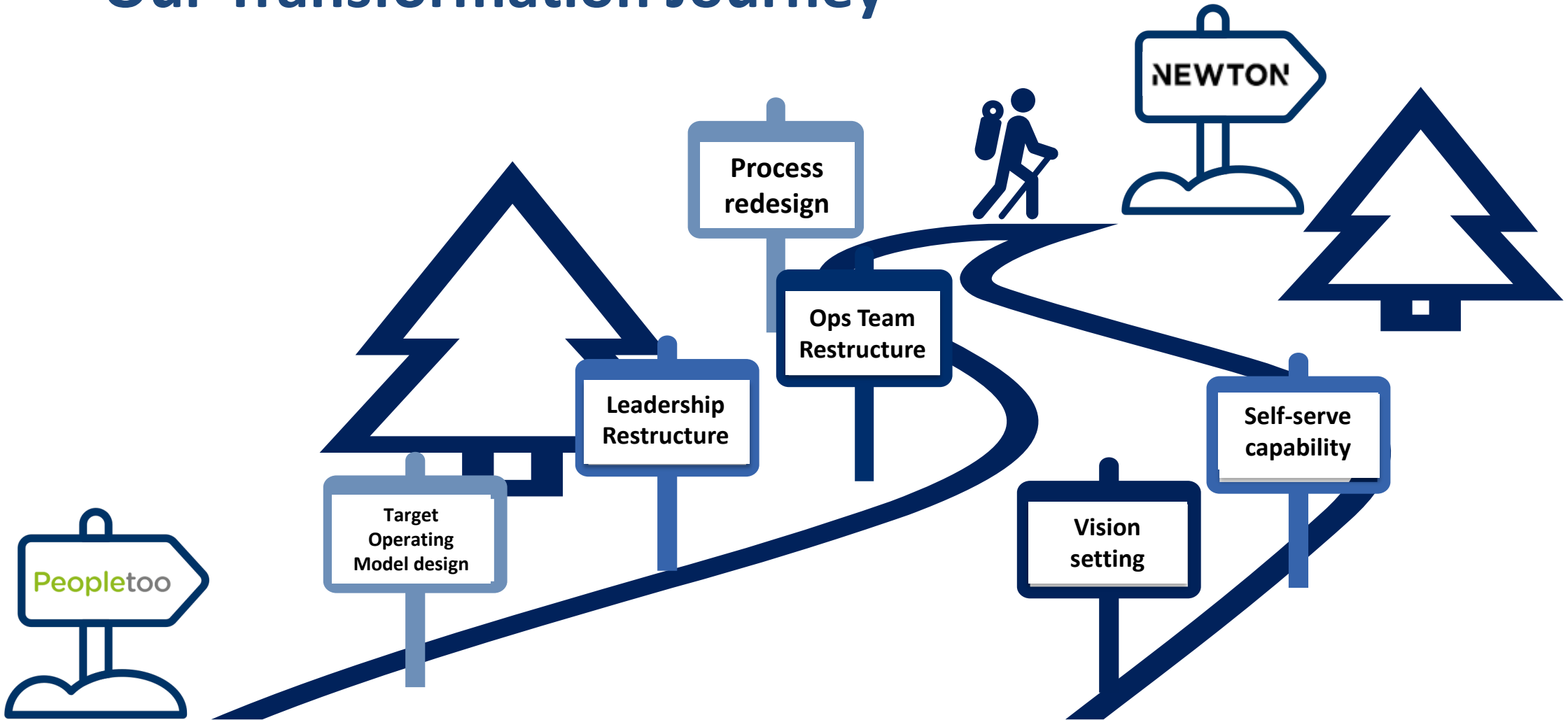
	Working Budget 2024/25 £M	Forecast Outturn Month 3 £M	Forecast Variance Month 3 £M			Movement Month 2 to Month 3 £M	
Integration	17.33	17.16	(0.17)	F	●	(0.17)	F ↑
ICU - Provider Relationships	14.94	14.77	(0.17)	F	●	(0.17)	F ↑
ICU - System Redesign	2.39	2.39	0.00		●	0.00	
Living & Ageing Well	32.89	31.89	(1.00)	F	●	(1.00)	F ↑
ASC - Living & Ageing Well - Cost of care	22.39	21.39	(1.00)	F	●	(1.00)	F ↑
ASC - Living & Ageing Well - Resourcing	10.50	10.50	0.00		●	0.00	
Public Health	0.00	0.00	0.00		●	0.00	
Public Health - Health Improvement	1.89	1.89	0.00		●	0.00	
Public Health - Health Protection and Surveillance	10.21	10.21	0.00		●	0.00	
Public Health - Management & Overheads	(16.11)	(16.11)	0.00		●	0.00	
Public Health - Non-ringfenced	0.00	0.00	0.00		●	0.00	
Public Health - Population Healthcare	4.01	4.01	0.00		●	0.00	
Quality, Governance & Professional Development	(6.35)	(8.76)	(2.41)	F	●	0.06	A ↓
ASC - Quality, Assurance & Professional Development	(6.35)	(8.76)	(2.41)	F	●	0.06	A ↓
Stronger Communities	1.81	1.77	(0.04)	F	●	0.00	
Community Safety, Alcohol Related Crime, CCTV	0.31	0.31	0.00		●	0.00	
Domestic Violence	0.59	0.59	0.00		●	0.00	
Grants to Voluntary Organisations	0.49	0.45	(0.04)	F	●	0.00	
Stronger Communities	0.43	0.43	0.00		●	0.00	
Whole Life Pathways	51.98	51.58	(0.40)	F	●	(0.40)	F ↑
ASC - Whole Life Pathways - Directly Delivered Services	2.40	2.40	0.00		●	0.00	
ASC - Whole Life Pathways - LD Cost of care	26.39	26.29	(0.10)	F	●	(0.10)	F ↑
ASC - Whole Life Pathways - MH Cost of care	11.53	11.53	0.00		●	0.00	
ASC - Whole Life Pathways - Other Cost of care	7.66	7.36	(0.30)	F	●	(0.30)	F ↑
ASC - Whole Life Pathways - Resourcing	4.01	4.01	0.00		●	0.00	
Total Community Wellbeing	97.66	93.64	(4.03)	F	●	(1.52)	F ↑

The scorecard is showing a **strong and positive** start to the year. The finance scorecard is showing that the work delivered under the transformation to date is beginning to show in the financial position.

Transformation



Our Transformation Journey



New Operating Model

Changes:

- New operating model designed and coproduced
- Restructure of leadership and operational teams – further phases of redesign are incorporated into transformation work.
- Process redesign

Benefits:

- Financial efficiency
- New streamlined processes
- No redundancies
- Creation of safeguarding hub
- OT team in social care
- New roles delivering strategic improvement

New roles:

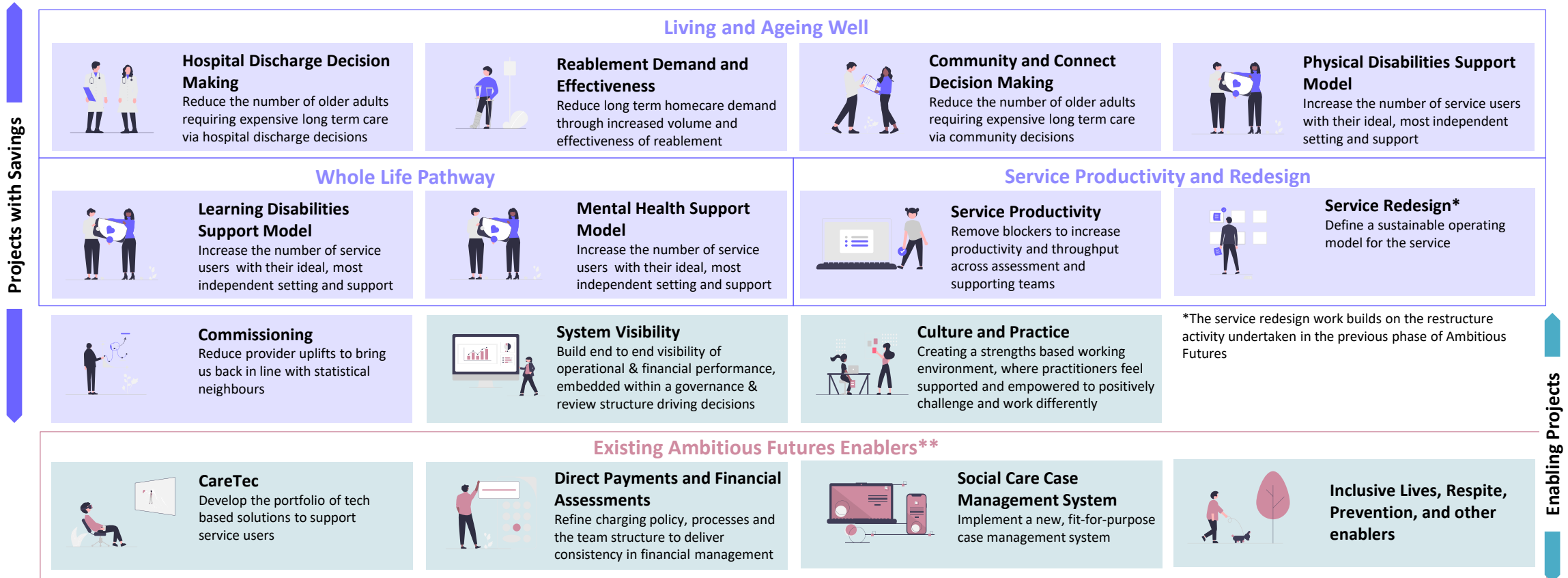
These have been introduced to give **increased focus** on **performance, proactive improvement** and to deliver the **transformation objectives:**

- Strategic Performance Lead
- Practice Lead
- Direct Payments Officer
- Care tec Lead

Scope of Transformation

Community Wellbeing Portfolio

For Adults and Community Wellbeing to play our part in addressing the Council's financial challenges whilst upholding the values of the directorate, this work must build on the existing transformation activity established in Ambitious Futures and unlock savings primarily through improving the outcomes we deliver for the service users. To do this, we must...



**For ease, some of the Ambitious Futures projects have been combined for this overview

Transformation Programmes – Whole Life Pathway

Objective: Enhance independence for adults with learning disabilities (LD) or Mental Health (MH) needs.

Improvements will be delivered through five main initiatives:

- **Moves** - Relocating individuals to more ideal, independent settings.
- **Step-downs** - Reducing overprovision of care within settings.
- **Progressions** - Gradually upskilling individuals to progress towards eventual moves/step-downs.
- **Transitions** - Improving alignment with Children's teams for seamless transitions.
- **CHC** - Ensuring appropriate funding setups for individuals with health needs.

Approach:

- **Culture change:** Emphasising independent, person-centred solutions. Equipping front-line teams to challenge over-restrictive care plans.
- **Ways-of-Working:** Agile ways-of-working to streamline processes, increasing rate of moves and step-downs.
- **Performance-Visibility:** Innovative solutions for operational grip (caseload management, throughput) in the form of digital tools for data-led decision-making

Transformation Programmes – Living & Ageing Well

Objective: to fundamentally change the way that we deliver ASC services to promote independence and create a financially sustainable service.

Improvements will be delivered through four main initiatives:

- **Decision making** – ensuring older adults start the right size package of care in the right placement from both the community and acute care
- **Reablement** - maximising the throughput and efficacy of the reablement service Targeted Prevention – to proactively support adults in retaining independence for as long as possible
- **Right-sizing packages** – optimising existing packages of care for working age adults with physical health support needs

Approach:

- **Performance visibility** and improvement structures to drive cultural change
- **Process streamlining** to decrease duration and remove unnecessary/repeated steps
- **Tech enablement** to support caseload management and workload throughput
- **Sustainable operating model(s)** produced in line with productivity gains seen
- Employing a determined yet methodical approach with rigorous **improvement cycles**.

Transformation Programmes - Service Productivity & Redesign

Objective: Targeting productivity improvements across all areas of Adult Social Care.

Whilst many improvements will be cross cutting across teams/practitioners, a structured approach in providing additional support on the staffing areas with the largest spend will be deployed.

Improvements will be delivered through a combination of:

Reviewing and redesigning process flows to streamline activity and reduce workload in non-value adding activities and performance visibility, supported by caseload management tooling and processes, Parallel to core productivity gains, the development and implementation of a **benefits realisation strategy**, balancing productivity gains used as investment into capacity and quality, with active resizing and redesign as required to support.

Transformation Programmes – CareTEC

Objective: Embed tech-first practice throughout ASC.

End-to-end scope includes:

- Market evaluation to research and identify the best fit products
- Procurement and contract management
- Communication with and training staff including staff feedback and evaluation
- Monitoring uptake and supporting adoption
- Data gathering to evidence impact
- Evaluation and implementation of revenue generating opportunities
- Securing grant funding

ICU

Objective: Supplier Rate Management

- Data suggests that within Southampton the council has become an outlier in the rates it pays for some elements of commissioned care compared to its comparator authorities
- A range of market management techniques and approaches to the 2024/25 and 2025/26 uplifts provided by the council is needed to support bringing the council back in line with comparator authorities
- The programme will focus on robust but fair negotiations with adult social care providers in relation to annual fee uplifts leading to a decrease in uplift budget spend.
- We have developed a data led approach to annual uplifts to achieve an average cost of care compared to comparators and market costs in line with national comparators

Savings totals

Programme Name	Expected Saving
Living and Ageing Well	£7.45m
Whole Life Pathways	£2.8m
Service Redesign and Productivity	£2.9m
Commissioning	£1.5m
CareTec	n/a
Case Management System Replacement	n/a
	£14.65m