



Community Wellbeing update for Health Overview & Scrutiny Panel

Overview

December 2024

The purpose of this presentation is to provide an **overview of the Service performance**, focusing on the ongoing transformation programmes. This includes an examination of the workstreams within each programme, detailing their **objectives, progress, and expected** impact, as well as the **target financial savings** associated with each workstream, and the **key milestones** driving progress. The discussion will explore how individual workstreams influence the broader performance dataset, ensuring alignment between strategic goals and measurable outcomes.

Agenda:

1. Performance Measure Summary

1. [Corporate KPI Dashboard - November - Power BI](#)
2. Approach Overview
3. KPI Scorecard

2. Transformation Workstream Overviews

1. Approach to delivering Key Opportunities
2. Living and Ageing Well
3. Whole Life Pathway
4. Service Productivity and Redesign
5. Commissioning
6. Progress against our plans

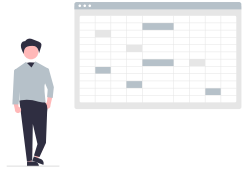
3. Safeguarding Peer Review

1. Progress against peer review actions

4. Winter planning

Performance Measure Summary

Suite of management information to provide a high-level summary of performance for each area of the service.



Performance Summary

A new **suite of metrics** has been proposed.

This dataset provides an **overview of key operational measures** to support the service in understanding the **key trends** amongst our supported residents.

This dataset will **supplement** the benchmarking datasets that are produced nationally. The ambition is to use benchmarking data to **improve target setting** for the metrics over the coming months.

This data set is used within the monthly **Performance Board**.

It is in working draft within the Authority, with proposals required for additional qualitative datapoints.



Transformation-Specific Tracking

For each workstream of the ongoing Transformation programme, we have identified the **key operational metrics** that will be used to **measure the impact of changes** to the service.

These metrics will be tracked both through BAU mechanisms, alongside a new **Benefits Realisation Board** that has been setup as part of the Transformation programme.

Each key operational measure is linked to a financial impact.

Transformation Collaboration groups meet Bi-Weekly to review these KPIs and actions to drive the pace of improvement.



Operational Metrics

Managers and teams will be enabled to use a **suite of dashboards and operational reporting** to support informed decision-making relating to day-to-day activities.

This includes existing PowerBI reporting, additional reports to be built in the coming months, and workflow information provided by the CareDirector Case Management System. Currently, use of reporting may differ by teams.

Many of the day-to-day KPIs used by our teams will be a key feature within the transformation activities and are therefore reviewed, scrutinised, and reported on regularly.

Performance Measure Summary

Below demonstrates the new DRAFT performance measures that will be reviewed on a regular basis

Currently measures are improving with a focus required on the new cost of starting packages

Metric	Description	Trend Actual	Purpose
Spend Summary			Spend Summary
1.1	Total planned cost for the month for all services recorded on CareDirector		Review of trending overall cost of planned care packages
Placement Summary			Placement Summary
2.1	Total number with a current authorised long-term service		Review of trending number of supported residents to determine whether this is a key driver in overall spending trends
2.2	Number newly receiving a long-term service in the month		Reviewing specifically the number of residents who are new to the service in the last month
2.3	Number changing long-term service type in the month		Reviewing the number of residents who have received a different type of support in the last month
Placement Distribution			Placement Distribution
3.1	Percentage of total number with a current authorised long-term service who are in a residential or nursing placement		Reviewing the current % of our supported residents who have had to be supported through residential and nursing placements
3.2	Percentage of number newly receiving an authorised long-term service who are in a residential or nursing placement		Reviewing this figure for the new starts in this month, ideally this figure will be a leading measure for the above figure
3.3	Percentage of number changing authorised long-term service type to a residential or nursing placement		Reviewing this as a % of residents who have changed support level in the last month.
Average Spend			Average Spend
4.1	Average planned weekly cost of all long-term services for those receiving a long-term service at the end of the month		Reviewing the average weekly spend per supported resident to determine whether this is a key driver in overall spending trends
4.2	Average planned weekly cost of all long-term services for those newly receiving a long-term service as at the end of the month		Reviewing 4.1 but only for those receiving new to the service. This will be a leading measure to the above figure
4.3	Average planned weekly cost of all long-term services for those whose primary long-term service has changed in the month as at the end of the month		Reviewing 4.1 but only for those receiving new to the service. This will be a leading measure to the 4.1
Home Care Provision			Home Care Provision
5.1	Average planned weekly Home Care hours for those receiving a long-term Home Care service as at the end of the month		Reviewing Average number of provisioned homecare hours per resident weekly. To understand whether cost increases have been driven by increasing support levels of unit costs
5.2	Average planned weekly Home Care hours for those newly receiving a long-term Home Care service as at the end of the month		Reviewing 5.2 but only for new starting residents. This will be a leading measure to 5.1
5.3	Average planned weekly Home Care hours for those whose primary service type has changed to Home Care as at the end of the month		Reviewing 5.2 but only for residents starting a new homecare package from a previous package. This will be a leading measure to 5.1



Narrative



Choose Area: Community Wellbeing (DASS) (Are...
Corporate Plan | Cost ...: All
Direction of Travel: All
Update Frequency: All
Updated This Month: All
[Clear Filters](#)

Selected KPIs: 9
RAG Key: More than 10% (Red), On or better (Green), Within 10% (Yellow)
Use the filtering options or RAG bars to filter the table. Selecting a KPI opens drill-through options to explore on the right
Target: 3 Red, 3 Yellow, 2 Green
National (England): 2 Red, 6 Yellow
Peer (Statistical Neighbours): 2 Red, 6 Yellow
[Select data](#) | [Select data](#) | [Select data](#)

KPI Description	Period	Latest Result	Change	Target	National	Peer	Analysis	Commentary
% of contacts with an outcome of request for telecare or housing adaptations or reablement intervention required	October 2024	14.81	▲ 0.63	!	●	●	<p>The value for this KPI is at 14.81, and has increased by 0.63 over the last period. Good performance for this measure is a higher figure. The current target for this measure is 15.00 and has a RAG rating of AMBER.</p>	<p>We have seen a slight improvement in our performance, bringing us closer to our target.</p> <p>When we compare our performance to this time last year, we see a significant improvement.</p> <p>Plus, for context: There is a transformation workstream for reablement; this work is underway and has 3 aims: 1) increase the number of people who access the service 2) improve outcomes through each person having clear goals 3) clear goals also reducing the length of stay supporting efficiencies across the service.</p> <p>Additionally, there is a Tech workstream. A "Tech Champion" has been appointed to provide expertise, advice and guidance that will support social work teams when considering use of Tech. Additional kit has been purchased to support learning and create examples of how tech can support individuals to</p>

Choose Area: Community Wellbeing (DASS) (Are... ▾
 Corporate Plan | Cost ...: All ▾
 Direction of Travel: All ▾
 Update Frequency: All ▾
 Updated This Month: All ▾

Clear Filters

Selected KPIs
9

RAG Key

- More than 10%
- On or better
- Within 10%

Use the filtering options or RAG bars to filter the table. Selecting a KPI opens drill-through options to explore on the right

Target: 3 Amber 3 Green 2 White
 National (England): 2 Red 6 White
 Peer (Statistical Neighbours): 2 Red 6 White

- Select data →
- Select data →
- Select data →

KPI Description	Period	Latest Result	Change	Target	National	Peer	Analysis	Commentary
Cumulative number of older adults (aged 65 and over) whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 population	October 2024	329.03	▲ 23.09				The value for this KPI is at 329.03, and has increased by 23.09 over the last period. Good performance for this measure is a lower figure. The national benchmark for the year is 560.77. The target based on how far we are into the period for this measure is 327.13 and therefore the the RAG rating is AMBER.	This is a cumulative figure and therefore we expect to see an increase each month. We remain below the target trajectory for year end result. (This is a positive). Solution circles are enabling earlier collaboration between professionals to explore community options that support people live in the community wherever possible.
Cumulative number of younger adults (aged 18-64) whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 population	October 2024	11.89	▲ 2.38				The value for this KPI is at 11.89, and has increased by 2.38 over the last period. Good performance for this measure is a lower figure. The national benchmark for the year is 14.63. The target based on how far we are into the period for this measure is 8.52 and therefore the the RAG rating is RED.	We are still currently predicted to exceed our target, i.e. the nr of placements is higher than we want. We are closing the gap to the trajectory figure. We have analysed the nr of new placements made since April 2024 and are confident that 58% of those placements made were to the most appropriate setting to meet individuals needs. Of the remaining 42% some key themes are highlighted that need further focused work in the areas

Scorecard

Narrative

Update Narrative

Benchmarking

Choose Area

Corporate Plan | Co...

Direction of Travel

Update Frequency

Updated This Month

Community Wellbeing (DASS) (Are... ▾

All ▾

All ▾

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Clear Filters

Selected KPIs

9

RAG Key

More than 10%



On or better



Within 10%

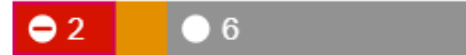


Use the filtering options or RAG bars to filter the table. Selecting a KPI opens drill-through options to explore on the right

Target

National (England)

Peer (Statistical Neighbours)



Select data →

Select data →

Select data →

KPI Description	Period	Latest Result	Change	Target	National	Peer	Analysis	Commentary
Number of contacts created by or received by ASC Connect team (including those created by Contact Centre team)	October 2024	318.00	▼ -41.00	●	●	●	The value for this KPI is at 318.00, and has decreased by 41.00 over the last period. Good performance for this measure is a lower figure.	public funds. A further reduction in the number of contacts is demonstrating a sustained improvement in this area. A member of the Connect Team is working alongside the Service Centre to improve quality and consistency in response to the contacts received. This will also be picked up as part of the "Front Door" transformation work.
Number of New Care Act Assessments completed (excluding terminated assessments, unplanned reviews and planned reviews)	October 2024	123.00	▲ 24.00	●	●	●	The value for this KPI is at 123.00, and has increased by 24.00 over the last period. Good performance for this measure is a lower figure.	We would expect some fluctuation in the number of Care Act Assessments completed and this figure is within the expected range. We do need to undertake a "target setting" exercise for each service area as some service areas would expect to increase the number of the assessments (Reablement for example) while some teams might target to complete less assessments and more reviews). An important qualitative indicator not captured on this scorecard is the nr of days taken to complete each Care Act assessment.

Choose Area

Community Wellbeing (DASS) (Are... ▾

Corporate Plan | Cost ...

All ▾

Direction of Travel

All ▾

Update Frequency

All ▾

Updated This Month

All ▾

Clear Filters

Selected KPIs

9

RAG Key

More than 10%



On or better



Within 10%



Use the filtering options or RAG bars to filter the table. Selecting a KPI opens drill-through options to explore on the right

Target



National (England)



Peer (Statistical Neighbours)



Select data →

Select data →

Select data →

KPI Description	Period	Latest Result	Change	Target	National	Peer	Analysis	Commentary
Percentage of people with eligible needs supported to live independently (LD Only)	October 2024	78.79	▲ 0.13	!	●	●	The value for this KPI is at 78.79, and has increased by 0.13 over the last period. Good performance for this measure is a higher figure. The current target for this measure is 80.50 and has a RAG rating of AMBER.	This figure shows marginal improvement, but is below our target. We anticipate that our Whole Life Pathway transformation workstream will support an improvement before year end.
Proportion of completed safeguarding enquiries where the Adult at Risk achieved their desired outcomes	October 2024	47.83	▲ 14.49	✓	●	●	The value for this KPI is at 47.83, and has increased by 14.49 over the last period. Good performance for this measure is a higher figure. The current target for this measure is 44.60 and has a RAG rating of GREEN.	This figure has improved significantly and is a reflection of the training that we have undertaken with staff to improve our recording of outcomes met.
Proportion of people and carers with eligible long term services reviewed during the past 12 months	October 2024	45.52	▼ -1.29	−	●	●	The value for this KPI is at 45.52, and has decreased by 1.29 over the last period. Good performance for this measure is a higher figure. The current target for this	We are seeing a drop in performance for reviews completed. This is a "whole" figure that needs to be separated out to reflect performance in carer reviews and reviews in social care teams. Commissioners are working with Unpaid Carers who have a performance improvement plan.

Choose Area

Community Wellbeing (DASS) (Are... ▾

Corporate Plan | Cost ...

All ▾

Direction of Travel

Improving ▾

Update Frequency

All ▾

Updated This Month

All ▾

Clear Filters

Selected KPIs

5

RAG Key

More than 10%



On or better



Within 10%



Use the filtering options or RAG bars to filter the table. Selecting a KPI opens drill-through options to explore on the right

Target



National (England)



Peer (Statistical Neighbours)



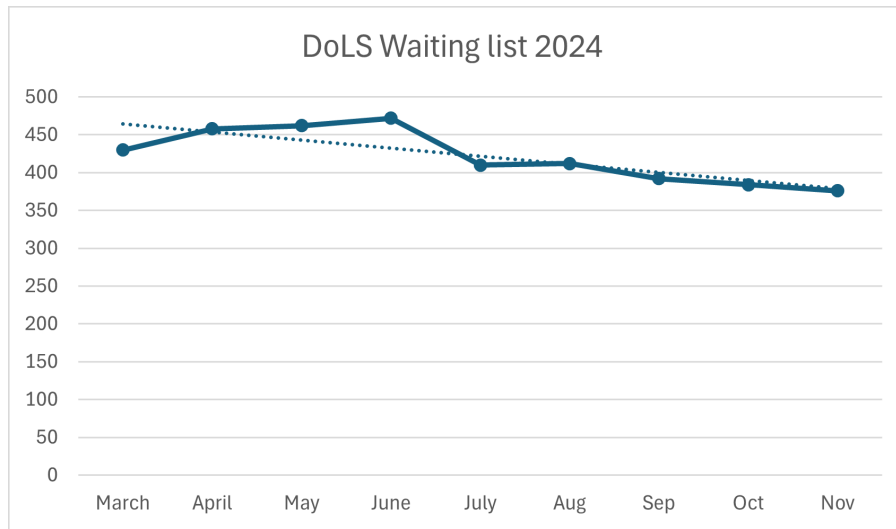
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KPI Description	Period	Latest Result	Change	Target	National	Peer	Analysis	Commentary
Proportion of completed safeguarding enquiries where the Adult at Risk achieved their desired outcomes	October 2024	47.83	▲ 14.49	✓	●	●	<p>measure is a higher figure. The current target for this measure is 80.50 and has a RAG rating of AMBER.</p> <p>The value for this KPI is at 47.83, and has increased by 14.49 over the last period. Good performance for this measure is a higher figure. The current target for this measure is 44.60 and has a RAG rating of GREEN.</p>	This figure has improved significantly and is a reflection of the training that we have undertaken with staff to improve our recording of outcomes met.
Proportion of people who use services who receive direct payments	October 2024	12.62	▲ 0.14	✗	✗	✗	<p>The value for this KPI is at 12.62, and has increased by 0.14 over the last period. Good performance for this measure is a higher figure. This is below the national benchmark of 26.19. The current target for this measure is 18.00 and has a RAG rating of RED.</p>	We have a project underway to change our DP tools and to simplify processes for staff. The objectives of this work are to 1) increase the uptake of DPs 2) have greater transparency of DP accounts. A new and knowledgeable Information Advice and Guidance officer is now in post bringing specialist expertise. They are supporting both staff and individuals/carers. This project is targeted to complete in December. Future phases will be required to develop the PA market and increase services available via DP.

DoLS waiting list update



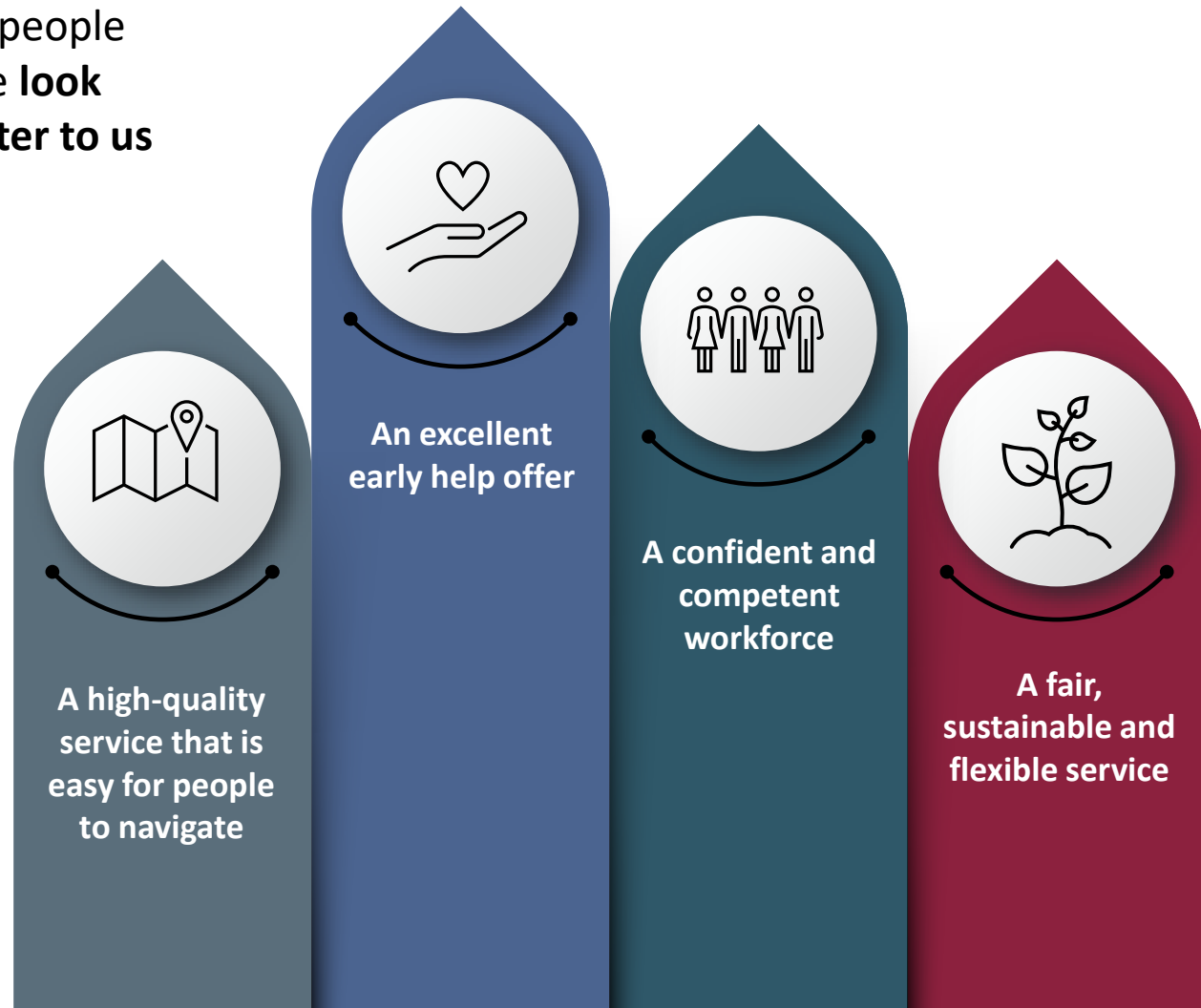
- Those on waiting list reviewed regularly using the latest ADASS DoLS priority tool [adass-dols-priority-tool-final-2.docx \(live.com\)](#)
- Quarterly data cleanse with all outstanding referral and reviews
- Regular reviews with providers around individual service needs
- Working closely with Quality & Safeguarding in the ICU
- Attending provider forum
- Meeting with UHS every 6 weeks improving practice and quality of information
- Close working with Care Placements Team
- New Best Interest Assessors trained across ASC
- Mental Capacity & DoLS
- Closer monitoring of allocated work
- Two new DoLS authorisers trained in November 2024 and two booked in for December 2024



Transformation Workstream Overview

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**



[Link to full strategy](#)

Our aims are to deliver positive impact on outcomes, positive impact on spend

In each Portfolio we aim to build on the great work achieved within the Building for Brilliance and Ambitious Futures programmes, pursuing a range of improvement initiatives which support the savings targets of adapt | grow | thrive whilst creating people services with exceptional quality and value for money. Our target is to achieve:

1500

Older adults accessing a more effective reablement service each year

20%

More productive workforce to minimise wait times and ensure a sustainable staffing model in Southampton

25%

Fewer older adults placed into residential/nursing homes each year

337

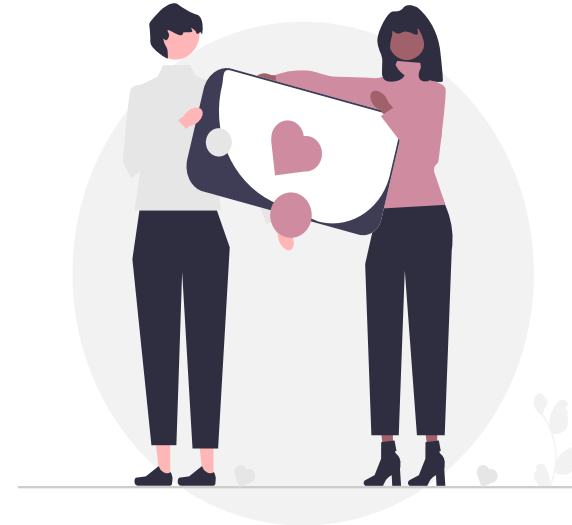
Adults with a learning disability, physical disability or mental health condition supported to live more independently

£12.45m

Annual cost of care reduction by supporting our Older Adults and Younger Adults with Whole Life Disabilities to live independent lives

£4.8m

Annual reduction in establishment and commissioning spend



Approach to Delivering Key Opportunities

Each opportunity has a bespoke delivery plan, most have the following features:

Establishing Operational Grip and Performance Visibility

- Digital visibility of whole-system performance
- Performance meetings, at various levels of detail, which drive rapid data-based decisions
- Increase caseload visibility, including case-level prioritisation and clear identification of blockers



Rapid Adoption of Known Solutions

- Gather known solutions to the problems identified, including from previous Newton programmes
- Execute adoption plans across process redesign, digital tool build, staff training and coaching



Design Cycles in Collaboration Groups

Pinpoint Challenge

- Use system performance visibility to identify root



Solution Design

- Build on problem definition with SMEs in group



Trial, Iterate, Scale

- Trial and tweak best ideas at small scale, scale what works



Embedding New Ways of Working

- Operational performance sustained at target levels
- Digital tools directly connected to data sources, automated and maintained by SCC
- New policies and processes formalised in documentation
- New behaviours and beliefs embedded in frontline staff



Knowledge & Skills Transfer: blended SCC/Newton team delivery throughout, change capability training programme delivered, robust documentation

Staff, Partner & Resident Engagement: communication, co-production and feedback activities conducted with relevant stakeholder groups throughout



Adult's & Health Portfolio: Workstreams

In Adult's Social Care, we have built on the great work achieved so far within Ambitious Futures, pursuing a range of improvement initiatives which support the savings targets of adapt | grow | thrive whilst creating people services with exceptional quality and value for money.

Core Business Cases

Living and Ageing Well

Aiming to... maximise the independence of our residents. **By...** increasing the utilisation and effectiveness of our Reablement Service, improving decision making and collaboration around the planning of a resident's support and looking at preventing demand

Saving... £8.85m per year.

Whole Life Pathway

Aiming to... provide working age adults with the right level of care to support their independence. **By...** facilitating individual moves to less restrictive settings and reduced care hours, where appropriate.

Saving... £3.6m per year.

Commissioning

Aiming to... reduce size of uplifts. **By...** creating a tailored approach to negotiation of rate increases with providers, avoidance of automatic uplifts.

Saving... £1.5m per year.

Service Productivity and Redesign

Aiming to... resize and adjust skill mix of teams to fit the new operating model and reflect the efficiencies delivered in other projects. **By...** using a data-led approach to redesign teams.

Saving... £3.1m per year.

Enabling

- **Increased use of TEC (Care TEC)** - Development of a TEC first approach and equipment library to support this.
- **Social Care System Procurement** - The procurement phase of the programme of work to replace the current Case Management System – Care Director. Contract award targeted May 25.
- **CHC, DFG, and other funding** - ensure funding packages are appropriate for service users with healthcare needs. Practically mobilising multi-disciplinary teams to utilise national and local arrangements to propose funding streams.
- **FAB** - Ensure our financial assessment processes support system wide efficiencies

Living & Ageing Well Programme Summary

In Adult's Social Care, we have built on the great work achieved so far within Ambitious Futures, pursuing a range of improvement initiatives which support the savings targets of adapt | grow | thrive whilst creating people services with exceptional quality and value for money.

<p>Prevention</p> <p>Aiming to... prevent individuals from requiring Adult's Social Care involvement</p> <p>Saving... £1.4m per year.</p>	<p>Practically... improving ways of working and processes between Social Work and Front Door teams/contact the service.</p> <p>With KPIs -</p> <ul style="list-style-type: none"> # of contacts made to the ASC Front Door Teams # of new Care Act Assessments Required 	<p>Long Term Care Starts</p> <p>Aiming to... make timely decisions to meet residents' needs that promote independence</p> <p>Saving... £2.85m per year.</p>	<p>Practically... increasing collaboration and strengths-based practise during support planning</p> <p>With KPIs -</p> <ul style="list-style-type: none"> # of starts into nursing placements # of starts into residential placements. # of starting homecare hours. 	<p>Reablement</p> <p>Aiming to... maximise the value of the reablement service and reduce home care hours commissioned</p> <p>Saving... £3.8m per year.</p>	<p>Practically... increasing awareness of the reablement pathway for community teams & embedding new toolsets to support workers</p> <p>With KPIs -</p> <ul style="list-style-type: none"> # of successful periods of reablement #Reduced starting homecare hours (effectiveness) Length of stay
<p>When successful we will see... Increased independence for residents with 20%, 15% and 10% preventing, reducing, and delaying the needs for at the front door to the service for the first time. Reduce the overall number of supported residents and overall expenditure on Care Packages</p>		<p>When successful we will see... 30+ fewer residents from being supported in a Nursing setting or Residential Home, vastly increasing their independence, and in turn supporting them in a more cost-effective setting for the council. This aims to reduce the %residents supported in Resi/Nursing and Decrease average cost per resident</p>		<p>When successful we will see... A "re-abling" culture within the service, with 299 more service users annually (aged 18-64 and 65+) successfully completing reablement, and all 1203 service users' care needs more consistently reduced. In turn reduce the average starting homecare hours, overall supported residents and average cost per resident</p>	
<p>Milestone Summary</p> <ul style="list-style-type: none"> November 2024: Confirmation of workstream timescales December 2024: Starting activities confirmed with staff training plan, tools/process changes defined January 2025: Interim data visibility built July 2025: KPIs at "Run Rate" August 2025: Processes and Tools in sustainable format, fully owned by SCC Staff with learnings embedded March 2026: £0.4m in year Sustainable Savings Achieved March 2027: £1.4m in year Sustainable Savings Achieved 		<p>Milestone Summary</p> <ul style="list-style-type: none"> November 2024: Starting Solutions Implemented with regular performance governance running December 2024: Additional activities confirmed with staff training plan, tools/process changes defined March 2025: KPIs at "Run Rate" August 2025: Processes and Tools in sustainable format, fully owned by SCC Staff with learnings embedded March 2026: £2.3m in year Sustainable Savings Achieved March 2027: £2.85m in year Sustainable Savings Achieved 		<p>Milestone Summary</p> <ul style="list-style-type: none"> November 2024: Starting Solutions Implemented with regular performance governance running December 2024: SMART Goals Interim Tool live and rolled out to all coordinators and carers, feedback for further iterations collected March 2025: KPIs at "Run Rate" August 2025: Processes and Tools in sustainable format, fully owned by SCC Staff with learnings embedded March 2026: £3.8m Sustainable Savings Achieved 	

Whole Life Pathway Programme Summary

Building on the work achieved so far within Ambitious Futures, in Whole Life Pathway, we are focused on supporting service users to access more independent provisions and achieve an improved quality of life.

<p>Optimised Packages of Care Aiming to... provide working-age adults with the right level of care, that supports their independence</p> <p>Saving... £3.6m per year</p>	<p>Practically... supporting residents to progress and step-down or move to less restrictive care provisions, with reduced care hours, where appropriate.</p> <p>With KPIs -</p> <ul style="list-style-type: none"> # of moves and step-downs completed per month # of service users on long term care packages average package cost 	<p>CHC, DFG, and other funding Aiming to... ensure funding packages are appropriate for service users with healthcare needs</p> <p>This is a savings enabler.</p>	<p>Practically... multi-disciplinary teams mobilised to utilise national and local arrangements to propose appropriate funding streams.</p> <p>With KPIs -</p> <ul style="list-style-type: none"> # of service users on long term care packages # successful adjustments in funding split (success rate) average package cost DFG utilisation 	<p>Transitions and Starts Aiming to... encourage anticipatory care plans to maximise independence for working age adults.</p> <p>This is a savings enabler.</p>	<p>Practically... alignment with Children’s Services and the Front Door to manage starts transition pathways into adulthood effectively.</p> <p>With KPIs -</p> <ul style="list-style-type: none"> # young adult starts on long-term care packages average post-18 package cost
<p>When successful... we will impact 190+ residents aged 18-64 with Learning Disability, Mental Health, and Physical Disability support needs, ensuring they receive care that supports their strengths-based goals.</p> <p>This will reduce the total cost of care by ensuring independence-led placements, lower weekly care hours, and reduced reliance on care provision over time.</p>		<p>When successful... this work is an enabler to ensure accurate funding splits with Health, ensuring the best support for each individual with health-related PSRs, while generating savings for the council.</p> <p>Utilisation of the DFG will provide appropriate adaptations, leveraging the grant to help individuals remain in independent settings, such as their homes.</p>		<p>When successful... this work is an enabler to support young adults in achieving more independent outcomes as they transition from CSC to ASC, improving their quality of life, supporting their progress, and fostering independence.</p> <p>It will also reduce the average cost of post-18 support packages, ensuring more efficient use of placements and care hours while delivering budget savings.</p>	
<p>Milestone Summary</p> <ul style="list-style-type: none"> October 2024: Cases triaged. Plan and dedicated resource in place. November 2024: Performance governance and interim data visibility in place. Engagement with SUs starts. December 2024: First moves and step-downs completed. Longer term process and staff upskilling designed. January 2025: Implementation of longer-term process. March 2026: £2.5m saved March 2027: £3.6m saved 		<p>Milestone Summary</p> <ul style="list-style-type: none"> November 2024: Design of structure, approach, and resourcing. December 2024: Set up and onboarding of relevant teams, and alignment on cross-directorate dependencies. January 2025+: Launch of agreed process, and monitoring of impact on care package costs. 		<p>Milestone Summary</p> <ul style="list-style-type: none"> November 2024: Data visibility built relating to starts across service areas. December 2024: Design and launch of solutions at ‘starts’, including MDTs. January 2025: Design of long-term process at interface between CSC and ASC, and integration of enablement service offering. March 2025+: Implementation of longer-term process, and monitoring of impact on care package costs. 	

Service Productivity and Redesign Summary

In Service Productivity and Redesign, we are focusing on creating a sustainable, high-performing Adult Social Care service working to processes that deliver ideal outcomes for our residents in an efficient cost envelope.

<p>Phases 1 and 2a Aiming to... Implement a new operating model that optimises team size and skills mix to deliver service efficiencies.</p> <p>Saving... £0.9m per year.</p>	<p>Practically... Redesign of the operating model based on current productivity and capacity.</p> <p>With KPIs -</p> <ul style="list-style-type: none"> ASC establishment spend per annum. 	<p>Phase 2b Aiming to... build on the efficiencies unlocked through earlier phases, enhancing service effectiveness and outcomes for service users through moving towards goal-based work with a focus on Reablement and Day Services.</p> <p>Saving... £2.1m per year.</p>	<p>Practically... Providing performance management visibility, supported by instilling a culture of using data to drive high performance, enabling team members to maximise productivity. Review of the service offerings, eligibility criteria, and operating hours and changes to the establishment to reflect efficiencies delivered. Reducing the size of the establishment to contribute to the saving target.</p> <p>With KPIs -</p> <ul style="list-style-type: none"> ASC establishment spend per annum.
<p>We have successfully redesigned teams to align capacity and skills with service needs, ensuring we maintain the same high-quality delivery at a reduced cost. This approach focuses on strategically managing vacancies to optimise team structure and sustain current productivity levels.</p>		<p>If successful, KPI visibility, process redesign, and blocker removals will drive service efficiency and effectiveness, enabling establishment reduction in line with the productivity gains. Underpinning this is a cultural shift towards using data and performance information to enable effective performance management. A revised service offering, centering around effective services, prevention and earlier intervention drive better outcomes for residents, including more individuals able to regain previous levels of independence through Reablement, able to remain independent at home through the use of technology-enabled care, or able to manage their care via direct payments.</p>	
<p>Milestone Summary</p> <ul style="list-style-type: none"> Phase 1 & 2a Complete 		<p>Milestone Summary</p> <ul style="list-style-type: none"> October 2024: Resource agreed, and delivery team onboarded. November 2024: KPIs and plan agreed, opportunity refined. December 2024: Targeted redesign activity and ongoing productivity improvements. June 2025: Staffing changes made. 	



Progress against our plans

Adult's & Health Portfolio: Highlights & Challenges

Highlights from September and October 2024



Management of Waitlists: Connect and City Wellbeing waitlists have reduced from their peaks since September 2024.



Moves and Step-Downs: 37 step-downs have been completed in long-term care packages in Learning Disabilities, with further individuals identified as suitable for moves and step-downs across MH, LD, and PD so far.



Performance and System-Level Visibility: dashboards allowing for targeted conversations and data-led decision making - including 2 dashboards in Reablement, and 1 on long-term care across the entirety of ASC.



Culture and Upskilling: Training across multiple teams to support wider initiatives. SMART goals training to all (23) reablement coordinators to improve effectiveness of reablement periods, and Difficult Conversations training to moves and step-downs teams (5) to support conversations with residents through moves work. Driving a cultural change, and a strengths- and independence-focused service.



Significant increase in Referrals and Starts into Reablement: The refined Connect to Reablement pathway is enabling more people to benefit from the reablement process and reducing number of a cost of ongoing long term care packages. Compared to baseline of April 24, we've seen:

- ~25% increase in referrals
- ~17% increase in starts since launch

Challenge Areas



Data Availability, Systems and Digital Literacy: formats and systems have changed over time. Staff input information into systems in different ways. Some individuals struggle to interact with new technology. This means there are many variables to consider when building data visibility.

Mitigation: Supporting digital training and upskilling to support staff through rollout where needed, alongside data cleaning and supplementary manual data collection.



Staff Capacity and Change Fatigue: Staff have experienced significant levels of change over the last few months. Change fatigue may drive lower levels of engagement and potentially higher turnover, meaning it will be difficult to drive transformation progress at pace. A number of key management roles are not in post.

Mitigation: Appropriate change management and engagement plans in place, to provide clarity over changes. Resource is also pivoted to support in areas of strain, such as waitlists, to help manage arising pressures.



Placement Availability: A lack of capacity across placement types and competitive market for care beds inhibits the ability to place individuals in what would be their 'ideal' care setting, as well as causing delays when attempting to source care for an individual. This is a live conversation across Housing, Commissioning and Placements.

Mitigation: Inclusive Lives framework live to support with Supported Living placements. Extra Care dependencies quantified and communicated to Housing colleagues.



Health Dependencies: There are various areas of interface and resulting dependencies on the Health Care services, such as funding decisions and data visibility. These contribute to risks around delivering savings in agreed timeframes.

Mitigation: Working with colleagues in Health to improve Hospital Discharge processes, also developing a plan to work through CHC funding more effectively.

Focus - Grip over Waitlists

Across the service we are focussed on reducing waitlist and waiting times for our residents.

Work in this area has focused on two primary areas, **reducing the # of incoming** referrals, and **increasing the # of outgoing** cases:

Reducing incoming referrals:

- New **ways of working between the Service Centre and Connect team** have been established, including regular learning meetings & contact routes.
- A **new online referral form** has been published with a significant reduction in online referrals already seen.
- The City Wellbeing Team email inbox has been closed with signposting towards online forms/resources and the Service Centre in replacement.

Next steps:

- Establish sustainable **visibility of incoming requests** to the service.
- **Service centre colleagues to join 'solution circle' meetings** with Connect team for learning and development opportunities.

Increasing outgoing cases:

- New **planned and unplanned reviews processes** are currently being designed with City Wellbeing Team (CWT). This is aimed at streamlining these pieces of work to increase outflow of cases from the wait list.
- Waitlist **prioritisation tool training** delivered to senior practitioners.

Next steps:

- Establish **sustainable visibility of waitlist sizes** and wait times for ongoing reporting and management.
- Work with teams to establish **consistent waitlist formats** and management processes.

Focus Areas for Upcoming Weeks

Living and Ageing Well

- Within Reablement we expect the **Go-Live of the new SMART Goals Application** and the new case progression meetings to be embedded, seeing a **reduction in length of stay** and increased focus on effectiveness of reablement
- Further **expansion of Solution Circles** across all teams, expanding benefit, and improving the way we support people to live independently.
- Progress in improving hospital discharge processes, increasing focus on working closer with health partners through the UHS 'Discharge focus week' to improve journey for residents out of hospital.

Service Productivity & Redesign

- Completion of the **team design** for Day Services and Reablement
- Programme Board **approval of the timeline** including key milestones and target decision dates

Whole Life Pathway

- Expect further **activity** for long-term care packages, focussing on meeting the strengths-based goals of our residents
- Additional focus on **new packages of care**, including **transitions**, including **annual reviews**, to ensure the strengths-based and independence-led ways of working.
- Embedding of **performance data visibility**, enabling data-informed decision making.

Case Management System

- Key sections of the Invitation to tender (ITT) shared with providers for **initial feedback** to mitigate risk of a failed tender
- **Board and Executive Director sign off**
- **Formal issue of the ITT**

Safeguarding Peer Review. Recommendations & Actions – page 1 of 2

CQC Theme	Criteria	Description	Action
Working with People	12.2	Provide examples and tips for the ASC Safeguarding Adults Form to ensure clarity and succinct analysis of key events.	New forms with guidance are in place. Detailed practice guidance is being developed to improve consistency.
	12.3	Understand and assess the risk of safeguarding cases on the waiting list.	Prioritisation practice guidance has been co-produced with staff. The new safeguarding (SG) Hub aims to have no waiting list for safeguarding referrals. New tool rolling out Nov 2024.
	12.4	Consider a multiagency audit of the Multi Agency Risk Management (MARM) process.	MARAM webinar created Jan 2024. MARM process to be reviewed as part of the Quality Assurance sub-group in early 2025. Previously audited "Making Safeguarding Personal". Currently auditing referrals.
Providing Support	12.5	Ensure referrers are aware their referrals have been considered and actions taken.	SG Hub staff include new Resource Coordinator to enable feedback to referrers. Quality Assurance sub-group currently review referrals. Level 1 SG training has been made available to more partners.
	12.6	Review Advocacy arrangements to protect people's rights.	Advocacy contract is closely monitored and compliance and timeliness has improved.
Ensuring Safety in the System	12.7	Develop an evidence-based approach to safeguarding and ensure the voice of the person is clear.	Training for wider service on recording is being developed and will be rolled out in early 2025. This has already been rolled out to New Qualified Social Workers as part of first year practice programme.
	12.8	Provide clear rationale for case closure or onward referral.	Forms developed to cover this detail. Managers' training started in October 2024 will also cover quality assurance checks
	12.9	Monitor the timeliness of the safeguarding pathway.	Dashboard allows oversight of ALL safeguarding activity. Safeguarding audits will start in December 2024
	12.10	Enable higher-level data analysis to identify areas for improvement.	Improved data available in PowerBi. Strategic Performance Lead appointed Oct 24.
	12.11	Audit and review policies and procedures for staff.	Head of Service will work with the Quality Practice and Assurance Team to ensure policies are up to date and embedded across the service.
	12.12	Ensure mental capacity assessments are evidence-based.	DoLS Team have MCA advice line. MCA forum started Aug 24.
	12.13	Clarify when to initiate a Section 7 assessment.	More emphasis will be on this in the new practice guidance
	12.14	Ensure robust governance and oversight of work by Southern Health NHS Foundation Trust.	S75 has ended, therefore all statutory safeguarding activity is undertaken in SCC.
	12.15	Consider management of Quality and Safeguarding work areas.	Closer working across Hub and safeguarding in commissioning. This will also be considered as part of service productivity and re-design.

Safeguarding Peer Review. Recommendations & Actions – page 2 of 2

CQC Theme	Criteria	Description	Action
Leadership	12.16	Ensure the current structure supports effective safeguarding service delivery.	New Safeguarding Hub in place.
	12.17	Review governance processes and terms of reference for all groups.	In progress with Practice Guidance
	12.18	Evaluate the new Quality audit for effectiveness.	Safeguarding Hub to undertake audit regime, Quality Practice & Assurance Team to support roll out of lessons learnt.
	12.19	Rebuild strategic interest in the responsibility for Safeguarding.	Safeguarding Partnership and associated sub-groups in place.
	12.20	Highlight the role of Occupational Therapists (OT) in safeguarding work.	Principal OT and OT Team are included in SG Training and Practice Development. OT Team are co-located with SG Hub.
	12.21	Ensure appropriate data and case audit details are available for continuous learning.	Auditing work is a priority for the Quality Practice and Assurance Team. New Audit forms and regime will be ready for end of November 2024
	12.22	Consider how the safeguarding service is delivered and how vacant and frozen posts can be utilised to ensure a compliment of a variety of staff so that qualified staff are utilised for the most challenging and dependent casework.	Head of Quality Assurance oversees SG Hub. Review of SG Hub is due end of November 2024 and is already underway.

Planning and Preparation for Winter pressures



The council has worked with NHS Hampshire & Isle of Wight Integrated Care Board to develop a Southampton Place Winter Plan, as is usual practice.



Our Plan continues to build on the transformation work the council has undertaken over the past year and previous winter plans, including access to Bridging Support Care, and dedicated Care Home Beds.



It should be noted at the time of writing there has been no announcement of additional winter funding for the Local Authority, unlike previous years.