

Name of meeting: Cabinet

Date: 21 December 2023

Title of report: Implementing the Council's Vision for Adult Social Care

Purpose of report:

This report updates cabinet on the work around an externally run diagnostic of service provision and delivery models and the financial efficiencies that could be brought about by a funded change programme.

In light of this piece of work and other work that the Council has been undertaking, it is proposed to undertake a transformation programme to further embed and refresh the previously agreed Council Vision for Adult Social Care. This report sets out further detail of the proposed approach.

<p>Key Decision – A key decision is an executive decision to be made by Cabinet which is likely to result in Council spending or saving £500k or more per annum, or to have a significant positive or negative effect on communities living or working in an area compromising two or more electoral wards. Decisions having a particularly significant effect on a single ward may also be treated as if they were key decisions.</p>	<p>Yes</p> <p>If yes give the reason why</p> <p>Expenditure/ Savings >£500k & affects more than 1 ward</p>
<p>Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)</u>?</p>	<p>Key Decision – Yes</p> <p>Private Report/ Private Appendix – No</p>
<p>The Decision - Is it eligible for call in by Scrutiny?</p>	<p>Yes</p>
<p>Date signed off by <u>Strategic Director</u> & name</p> <p>Is it also signed off by the Service Director for Finance?</p> <p>Is it also signed off by the Service Director for Legal Governance and Commissioning?</p>	<p>Strategic Director Adults & Health - Richard Parry 11.12.23</p> <p>Isabel Brittain 12.12.23</p> <p>Julie Muscroft 12.12.23</p>
<p>Cabinet member portfolio http://www.kirklees.gov.uk/you-kmc/kmc-howcouncilworks/cabinet/cabinet.asp</p>	<p>Councillor J Ramsay – Health & Social Care</p>

Electoral wards affected: All

Ward councillors consulted: The proposal in the cabinet paper are likely to bring change to care and support across Kirklees. There are no specific wards that will be affected at this stage.

Public or private: Public

GDPR: This report contains no information that falls within the scope of General Data Protection Regulations.

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1 Summary

- This paper outlines the active pressures and requirement for change in Adults Social Care to be achieved through a transformation programme that further embeds and refreshes the Council's Vision for Adult Social Care.
- We have reached the end of an external whole service diagnostic, with a wide range of proposals and opportunities that have been quantified by Newton Europe.
- The proposed transformation programme is driven by these findings and proposals and other work undertaken by the Directorate.

Information required to take a decision

2 Background

As part of responding to the co-produced Council's Vision for Adult Social Care which was published in 2019 (Copy attached in Appendix A), the Kirklees Adults and Health directorate had been on a significant transformation journey to develop an effective and efficient directorate. This has included redesigning pathways, applying a demand and capacity approach to enable the right sizing of teams and a better understanding of complexity, as well investing in and deploying a new integrated case management system.

Despite these changes, Adults and Health in Kirklees is facing significant increases in demand for services both in terms of the numbers of people needing support and the complexity of need that is being presented. There has been a step change increase in demand following the pandemic. Demographic growth has also had the consequence of social care needing to do more with less.

Our vision continues to be at the centre of our system thinking, design and change approaches across the directorate:

We want every person in Kirklees who needs social care to be able to live the life that matters to them – with the people they value, in the places and communities they call home, and with an equal voice in co-ordinating their care.

In delivering our vision we are moving to shift the balance of decision making and support design towards maximising the independence of people who use services and their informal carers and the assets that exist in communities. This increased shift will continue to mean more in-depth, cost conscious and creative thinking in package design is required across care planning, commissioning and delivery teams.

Alongside this, the Directorate is implementing a new electronic record system (MOSAIC) which will have short term capacity demands across the Council but offers longer term benefits. Care Quality Commission (CQC) has started its national programme of inspections of the Adult Social Care functions of Local Authorities and so the Council needs to plan and prepare for this.

These activities are complementary to each other but, in aggregate, will require the council to consider how best to approach and resource these programmes of work.

2.1 The Impact of the Pandemic

Pre-pandemic the directorate was working largely in a strength based way to care and support assessment, pulling on local expertise around community based solutions that would be aspects of a care need. Plans were underway to develop assets in local areas that were more accessible to those with a care or support need. Our Front Door offer was focussed on wellbeing and more creative thinking around problems that people presented to the service. In acute settings discharges were periodically under pressure but there was capacity in health and social care to find the right out of hospital support for people.

Once the pandemic hit the pace of hospital discharge grew rapidly and the use of discharge beds in care homes grew. Whilst this was an understandable necessity, it did increase the number of people who have gone on to live long term in a care home. In teams within social care we shifted to a problem fixing mode rather than a more co-productive conversation to explore a range of options. The community opportunities available to people, from visiting local shops to informal social activities ceased to operate or operated in a very different way which meant that people were less physical activity or became more socially isolated.

The impact of COVID-19 on physical and psychological deconditioning, particularly in older people, will affect demand for support in the coming years.¹

In Kirklees it is estimated:

- 13,600 older people are less steady on their feet since the start of the pandemic.
- An additional 3,600 older people are no longer able to manage basic daily living or personal care tasks in the way that they previously could.
- 16,000 older carers were less confident letting paid professionals into their home since the start of the pandemic.
- 12,000 carers cannot walk as far or are feeling more pain since the pandemic.

The long term population forecasts generated by the Office of National Statistics (ONS) show a longer term growth of population particularly in the older age groups. This alongside the effect of deconditioning outlined above, and pent up demand caused by delays to people beginning a support journey will impact the volume and complexity of work seen in adult social care.

There is similarly increased demand for elective treatment in the NHS which is driving increased hospital discharges as well as people living with the consequences of extended waits for treatment.

Whilst the Council had identified the need to develop significantly more Extra Care Housing (ECH) to provide an alternative to residential care for some people with greater care needs or who lived in housing that didn't maximise their independence, the impact of the Pandemic and then post pandemic construction industry challenges have slowed progress on developing new schemes, though a new scheme is due to open in late 2024.

It has been clear that, from talking to other Councils, the effects of these practice and demand changes are being seen elsewhere as well. Many councils are needing to undertake similar programmes of transformation activity.

¹ Age UK. *Impact of Covid-19 on older people's mental and physical health: one year on. 2021*

2.2 Demand Changes

Social work activities

In order to continue to support people under our duties of the Care Act, staff are responding to 200 additional annual referrals than they did 3 years ago, they are also reviewing an additional 1800 packages of care and support than they were 3 years ago. Not only is this core work growing, but there has also been growth in more complex case work that requires higher levels of skill, time and inter-agency working such as Court of Protection and Safeguarding activities both areas of work have seen double the volume of activity over the past 24 months.

Services delivering at the front line

Adults and Health front door call traffic has increased by 3% when the last 12 months is compared to the previous 12 months, this an extra 1000 calls in the last 12 months.

Demand for hospital avoidance support has increased when compared to the demand seen in the same period last year by 30%, and 47% up on the same period in 2020/21.

We have seen 11% average year on year growth in demand for discharge referrals for people in hospital, Overall, since 2019 discharge referral volumes have increased by a third (36%).

Our independent sector providers

Across all Adults and Health assessment teams staff are spending more time working with care and support providers. Whilst the social care workforce has a lower turnover rate than comparator authorities, external providers are still experiencing understaffed shifts, recruitment issues and business cost pressures. Assessment staff are working daily to keep packages stable or sourcing alternative packages of support.

The number of home care service users being supported has grown by 58%, this is 488 additional home care recipients, and an additional 8,900 hours of a care a week compared to 2019. In home care we have seen the proportion of service users receiving intensive support of over 10 hours a week increase by 6%.

Although we saw reductions in the number of people living in care homes as the pandemic hit the sector hard, we have since seen an increase in occupancy over the past 12 months which is now only slight below pre-pandemic levels in some provision. To support care home providers during the pandemic, a programme of support was put in place by the Council and the ICB alongside investment into the creation of a Care Association. A number of care homes have closed following the pandemic but the sector is now characterised by a slightly smaller number of homes, with higher quality and occupancy levels and greater system support which should result in a more sustainable sector.

2.3 Wider changes affecting the directorate

Alongside local changes, nationally Adults and Health is entering into an extensive programme of change with the Health and Care Bill receiving Royal Assent in April 2022 enacting the most significant Health & Care legislation in a decade into law.

In the Autumn Statement 2022, the Government announced that they would be delaying the charging elements of reform until 2025 but work on understanding the implications of this still needs to continue as preparation for reform needs to start in Autumn 2023 to be ready to fully deploy change by October 2025.

We are seeing increasing ICS working and collaboration and have a range of system level commitments and joint programmes of work to deliver. The ICS itself is under significant financial pressure and has developed a smaller resource and staff base from which to operate.

3 Diagnostic – Newton Europe

The primary objective of the diagnostic was to understand how we can improve outcomes for residents within Kirklees. The scope and activity of the diagnostic has been formed around this Vision for Adult Social Care with our residents at the heart.

Kirklees is facing several challenges as an authority including the prospect of reform, demographic pressure, the cost-of-living crisis and the national workforce challenges. There are pieces of work already in train to mitigate this pressure and continue to drive outcomes and the diagnostic took account of these issues.

The diagnostic sought to give an objective analysis of the greatest opportunities we currently have to support better outcomes for our residents and safeguard the Council's limited financial resources. Once understood, these opportunities have been rationalised against all existing transformation and efficiency work to give a holistic view of our opportunities.

The activities that have formed the diagnostic have ranged from time with our front-line teams (over 100 hrs) to the analysis of service user journeys captured in our data. In-depth reviews of 168 individual cases undertaken by our staff have formed the basis of our levels of confidence and have been backed up by surveys, 1:1 conversations, journey mapping, national benchmarking, detailed process mapping, gap analysis to national best practice and bespoke analysis to give a broad and deep understanding of these opportunities that we could not have achieved ourselves within the same short time period.

3.1 What opportunities the diagnostic quantified

We have opportunities to improve the outcomes for our residents across the service. Our reablement service has the capacity and capability to support an increased number of people as well as supporting and effectively reabling residents with more complex needs using investment recently provided by the NHS.

Within our Adults, Adults and Health Front Door and Learning Disabilities & Mental Health teams, further embedding a strength based independence first working culture, ensuring consistency within our processes and ensuring full use of our enabling and community services would benefit our population.

Through streamlining processes, enabling prevention and reduction of formal support and adopting a culture of controlled high performance, with new supporting data and intelligence tools and products and the functionality of MOSAIC, we will also enable our staff to support more residents, allow them to spend more of their time enabling and supporting the residents of Kirklees and better measure and understand the impact that we are having for people.

3.2 Financial Opportunities:

The detailed opportunity matrix developed with Newton Europe suggests financial benefits of £10.3m – £14.7m per year by the end of the fourth financial year, with a £9m-£13m cumulative financial benefit by the end of the two-year programme, alongside ongoing financial benefits across future financial years. Delivering a programme of this scale and complexity is not without risk and will require appropriate transformation capacity and capability, without which it is likely

that progress will be slower and fewer benefits realised. Options have been considered about how best to resource this including the continued use of large scale external consultancy support or a more internally resourced approach. As described below, the intention is to develop a primarily internally delivered approach using a combination of capacity deployed from other activities across the Council (which may slow down or cease) and temporary additional capacity. The detail of this is being refined but will need to be funded from existing revenue or by capitalisation transformation related expenditure.

4 2024-2027 Transformation Programme: Refreshing the Vision for Adult Social Care

As described above adult health and social care has been on a development journey, all of which has evolved against a backdrop of recovery from COVID-19, and underlying demand and cost pressure throughout the health and care system.

There is now an opportunity to pull together the diagnostic findings, the best ways of working we developed in the pandemic, fully deploy the new case management technology, get ready for the national Adult Social Care reform and reframe how we do social care and support in Kirklees.

Directly linked to the delivery of the Vision for Adult Social Care as a system we want to promote wellbeing, independence and safety thereby reducing, delaying and preventing the demand for long term, intensive care. We will build on our work enable people to be experts in their own care and wellbeing, to help them to choose a mixture of support that will achieve the outcomes that matter to them.

Across a two to three year period a significant programme of change would be delivered that will generate cashable and non-cashable efficiencies in line with budget saving proposals and the findings of the Newton Europe diagnostic. The programme of change driven by a new directorate change board, and supported by corporate enabler colleagues and products, will oversee development and change across care pathways, teams and provision.

We want our workforce to be enabled to work effectively and innovatively to deliver strength based personalised, high quality outcomes. This requires refined processes that are responsive, proportionate and reduce duplication, performance data that allows individuals and teams to better track the impact that they are having and continued culture change. Working as part of the wider health and care system, prevention, care and support will be better coordinated with individuals and their carers determining how needs are to be met.

A transformation programme of this size and complexity will require resourcing through a combination of reprioritising existing capacity across the Council and additional temporary capacity and capability. Subject to Cabinet agreeing to progress with the proposed transformation programme, this resourcing requirement will be developed in more detail.

4.1 What the Transformation Programme will do

The Transformation programme would seek to prevent, reduce and delay demand across the health and social care system in line with the existing Vision for Adult Social Care and the aims of the broader Health and Care Partnership in Kirklees. The approach would be to design services around the user experience to ensure timely and strength based responses that avoid crisis and escalating need. It will seek to reduce duplication of effort, improve coordination both within the Council (including transitions from Children's Social Care services) and with external partners and to embrace digital opportunities where appropriate.

4.2 Key areas of focus:

1. Effective resolution at the front door through fair and transparent decision making, timely interventions, signposting and quality advice, information and guidance to avoid driving demand into the system.
2. Increasing the numbers of people benefitting from wellbeing and preventative services will reduce demand for long term care provision.
3. Increasing the numbers of people benefitting from reablement will reduce demand for long term care provision.
4. Maximise the use of technology, equipment and housing adaptations in the delivery and effective management of support.
5. Through new data intelligence products and systems thinking highlight demand failure and design this out by ensuring staff have effective tools and processes that support agile working and productivity.
6. Strengths based practice is effectively deployed and builds on individual's abilities and natural support networks and promoting independence, wellbeing and control, including building on the principles in the co-produced Direct Payments policy.
7. Where working in a strength based way is contested, consistent approaches, processes and decision making are in place to support staff and leaders.
8. Providing as much information and process as possible in self-serve, and where this is not equitable ensure we provide accessible formats so that people and their carers/ advocates can discuss and access a range of support options themselves.
9. A more diverse community asset, care and accommodation market that can meet a broader range of complex support needs, building on the work already underway to develop new supported living and extra care (housing with care) locally and make more effective use of existing capacity and housing stock, both general needs and more specialist accommodation.

4.3 Proposed Programme Areas:



4.4 How the Transformation Programme will operate

An internal team would be resourced to deliver a change programme that builds on the valuable work with Newton Europe and other work undertaken by the Council. The work with Newton Europe has included the development of delivery plans and tools for the Council to use in the future and which will assist programme planning and delivery. Existing workplans would need to be reviewed, reprioritised and phased to ensure what must be delivered has the capacity it requires, but other work would be paused to ensure the delivery of benefits in this programme.

The change team would be supported by service (frontline) experts to assist in the design and testing of change, work with internal teams to embed and support the ongoing measurement of realised benefits using new data products. There are strong co-productive relationships between service change colleagues and operational teams across a number of projects that have yielded

benefits both financially such as those teams in the demand and capacity programme, and non-financial benefits such as the development of Support Options which improved process and capacity in the system.

The team would use the programme design principles that have been co-developed as part of the diagnostic. Delivery would be driven by the Assess (completed in diagnostic), Design, Implement and Sustain programme approach.

The work of the programme would be centred on having the right workforce, with the right skills in the right part of the pathway in order to deliver the best care and support possible to those requiring support. This will be enabled through deploying appropriate corporate resources to the work, these enabler resources are costed into the proposal but indicatively would consist of corporate intelligence, financial and legal expertise.

Teams would deliver the practice, productivity and performance improvements and innovations across the care and support pathway. The programme will continually measure delivered benefit against trajectories refocussing and redeploying resources to mitigate any divergence from targets or agreed KPI's using new data and insight products that will be developed, alongside work to return to pre-COVID confidence of individuals and teams in using data to inform operational practice.

The products from the Newton Europe diagnostic would reinforce the tenacity of the work. Newton Europe identified that there are a number of resource/skills gaps currently within the service and wider organisation and part of this proposal is to recruit to additional posts on a spend to save basis or utilise the change talent pool to strengthen the project design approaches, change management and improvement skills within the programme.

To accelerate elements of workplan external inputs may be required, this is likely to be in the form of external professional or clinical advice, behaviour change support, practice learning and development, digital development capacity, communications products, and other inputs.

Although some of the change capacity could be through the internal talent pool being developed for cross council change capacity there may also be the need for expertise beyond the council this could be through a contractor or agency approach (inside IR35) rather than a consultancy contract; this will mean expertise is used for specific capability and capacity gaps rather than general change or Project Management Officer support. This has been an effective model in the MOSAIC implementation programme where external contractor and system architecture data and insight capacity has supported the team.

There are also likely to be “off the shelf” products that the programmes of work procure rather than extensive local design work then a failure to deliver because capacity or funding has been used up to fund the design and not the solution.

We will also draw on the lived experience of people who use services and their family carers to ensure that the programme reflects their experiences, insights and aspirations.

5 Expected impact/ outcomes & benefits

5.1 Expected impact/ Outcomes

- The Adults & Health budget is deployed effectively for the long term, cost pressures and risk are well managed through effective data led leadership.
- The Vision for Adult Social Care continues to be delivered.

- Demand is reduced or mitigated across the directorate through effective prevention and delay support such as Community Plus and Reablement.
- The pressure on staff teams is reduced through effective systems and ways of working.
- The existing cared for cohort of people are more independent and shape their care and support with skilled social care staff.

5.2 Demand led Benefits:

- Prevention, reduction and delay of demand across pathways.
- Effective resolution at the front door.
- Increasing the beneficiaries of wellbeing services and reablement.
- Increase in self-serve options.

5.3 End user Benefits:

- A broader range of support opportunities delivered in age friendly communities.
- Growing numbers of end users that are experts in their own care.
- Increased resilience and independence.

5.4 Workforce Benefits:

- Further develop an innovative, empowered and performance driven workforce.
- Make tasks simpler with systems, processes and authorisations that make sense and are dynamic to the needs of the workforce and end users.
- Grow and develop staff to meet the increasing complexity of cases entering ASC.
- Legally compliant and defensible care decisions can be made by a highly skilled staff team.

5.5 Costs and Financial Benefits

The transformation programme has the potential to deliver between £10.3m and £14.7m of financial benefit, per annum, once fully embedded. Achieving the full benefits of the programme will require investment in multi-disciplinary transformation capacity and tools through both re-prioritising the work of existing staff in the organisation and through investing in additional temporary capacity and capability. A delegation to relevant officers and Portfolio Holders is proposed to agree the final scale and cost of this capacity.

6 Realistic Delivery Expectations, Risks & Sustainability

There are recruitment challenges within the directorate and in corporate enabler functions that are critical to the programme delivery and a number of competing demands on capacity both to meet increased demand for services and a number of other change and transformation projects. Building the programme and design teams may present some challenges and initially add to the service pressures described above. There will be a period of skilling up the programme team, so they are able to build sustainable and cost effective ways of working, this may impact full programme start dates and therefore realisation of benefit timeframes.

Change programmes have failed to deliver benefit and fully embed change in some instances in the past, this is largely because the rigour around benefit realisation was weak, it was not easy to see when financial or performance trajectories were faltering, or the change sustainability capacity was diverted to support a service pressure and was lost. As described above, we propose a fixed focussed team that will not have capacity to support other work, roles will be clearly defined so it is clear they are transformation social workers or care/ system how and for how long they are being deployed on the transformation programme. These roles will also support the longer term benefit realisation aspect to the work.

The scale of transformation, alongside other activity such as preparation for and delivery of a CQC inspection and implementation of ICMS represents risk (although also opportunities to see activities as being complementary).

6.1 Programme Risks and Mitigations

Risk	Mitigating action
A cross council internal support team cannot be collected together, or staff absence affects achievement.	Recruitment begins early and uses external new appointments or agency to backfill design and delivery staff. Explore secondment and/or development opportunities for staff.
A cross council internal team cannot be held contractually to account for missed or delayed benefit realisation.	The Change Board & Budget Delivery Group act as STAR chamber style challenge to the programme and recovery plans for missed or delayed benefits are developed and monitored by BDG and others.
An internal cross council support team cannot commit to a change programme because of operational change or national policy alterations.	Recruitment begins early and uses external temporary appointments or reprioritised project and delivery staff.
Operational teams do not respond or cannot contribute to co-production of work.	Existing relationships are capitalised upon to co-design change, capacity in teams is freed up by recruiting to a fuller staff compliment.
The work does not realise promised savings and benefits.	Robust governance and benefit realisation monitoring on the work through regular senior level scrutiny, an option to cease and commission external support is built into the work plan.
Lack of sufficient capacity, knowledge and expertise within the team and services to drive forward the programme of work and achieve the programme objectives within the expected performance targets for time, cost, quality, scope, benefits, and risk.	<ul style="list-style-type: none"> • Clear business case/mandate/ measures of success. • Utilise organisational change capacity to support the work. • Defined roles and responsibilities. • Clearly defined structure for accountability, delegation, authority, and communication. • Manage by stages, with clear plans, which outline what each project will deliver, why, when, by whom and for whom and with performance data products that allow robust monitoring of delivery • Investment in training and further development of the team.

The proposed transformation programme in itself will realise cashable efficiencies as processes, pathways and service delivery options are delivered. These efficiencies will fund the programme of change and leave a significant additional efficiency to help offset future demand and cost pressures in the service, it will also free up resources to further invest in preventative and community options to further mitigate future demand.

7 Implications for the Council

7.1 Working with People

A great deal is changing in health, social care and housing and there are significant challenges ahead. Budget pressures, demographic pressures, technological change, and changing expectations of people who use services have resulted in a need to re-think the way social care operates. In Kirklees we are seeing the same issues as other areas of the country. The advances over recent decades in medical science, diagnosis, and treatment of progressive disabling conditions, has meant that there are increasing numbers of people with complex support requirements who are living much longer in our communities. The financial pressures on the service remain and with the above predicted population change these pressures will only intensify.

Through this transformation programme we want to reduce, delay and prevent demand for care. People who use services and their carers who do require support should be involved as experts in their own care and wellbeing, and able to choose a mixture of support that will safely deliver their outcomes. They will also be involved in the design and delivery of the transformation programme reflecting the expertise that they have in their own right.

The Council's co-produced Vision for Adult social Care was published in 2019:

We want every person in Kirklees who needs social care to be able to live the life that matters to them – with the people they value, in the places and communities they call home, and with an equal voice in co-ordinating their care.

The vision is supported by a set of values and principles which define who we are, how we will work and what people should expect from Adult Social Care in Kirklees. They were informed by lots of contributions from many different people, including people who use our services, carers, front-line staff, managers, and directors.

With the development of this transformation programme to further embed and refresh the Vision, the benefits to people will be wide ranging from increasing the digital offer; supporting even more people to stay independent for longer and streamlining pathways and services to minimise 'hand offs' or delay in the system.

7.2 Working with Partners

Adults and Health work with a range of partners to improve outcomes and pathways with a focus on keeping people independent, with an accurate trajectory of demand and complexity and a robust transformation programme we will have positive impacts on the wider system. Our partners include the Integrated Care Partnership (ICP) and the NHS West Yorkshire Integrated Care Board (ICB) arrangements; the acute trusts, the care market (both residential and domiciliary care); Primary Care Networks and across other council services such as Housing, Homes and Neighbourhoods. We will be working with external partners to develop the detailed implementation plans, building on existing integration and joint working with Locala, the ICB, SWYFT, CHFT and MYHT. The ICB has recently committed investment into increasing reablement capacity.

Work with Kirklees Care Association, Voluntary and Community Sector (including Healthwatch), housing provider and other external partners will be critical.

As previously noted, our partnership with existing co-production and carers groups will be pivotal in ensuring we draw on lived experience.

Kirklees Council also works closely with other local authorities across West Yorkshire and Yorkshire and Humber and will draw on these relationships to learn from other councils.

7.3 Place Based Working

The age profile of our local population and the expected needs moving forward will mean a local approach will be required in this work. There are a cohort of people that may require care support who will want to remain very local to where they live now, keeping local support networks active as people move into a care setting is very important. We are more aware of where over time demand is expected to manifest, which will present opportunities and strategic planning implications for the care home market.

Adults and Health is increasingly working in a place-based way, the different locality hubs and the work with primary care networks has led to strong relationships with partners and local providers and led to case level outcome improvements across the range of our provision. The proposals will allow us to build on these already strong relationships to keep staff in the sector, support provider development and foster a culture of local innovation. A more locally focussed approaches to issues like staff development.

7.4 Climate Change and Air Quality

Connected to place-based working as more local care provision is developed there should be less travel by staff, families and carers, some of whom maybe travelling outside Kirklees to visit someone if current models do not adapt. The clearer picture of demand at a local level should mean the council and providers can make better investment in buildings and services, this is expected to be an output of the change programme.

7.5 Improving outcomes for children

Whilst the scope of this proposal is to focus on adult social care, there are pathways in place to support transitions and All Age Disability so children who are being supported to prepare for adulthood within these services are included in the scope of the Transformation Programme. This includes demand modelling to build in the requirements for future years for children who will go on to receive services from Adults and Health and how best this can be managed within the resources available or where services may need to be redesigned to respond to increased volume and complexity. The Council will be working with the Local Government Association to facilitate a programme of work in relation to Transitions between Children's and Adults' social care.

7.6 Financial Implications for the people living or working in Kirklees

If the Change Programme is implemented it is likely to bring opportunities to increase the independence of individuals who use services and reduce their reliance on care services, then this is likely to bring a direct financial benefit to people who live in Kirklees through a reduction in the amount that they have to financially contribute to the cost of their care.

7.7 Other (e.g. Integrated Impact Assessment/Legal/Financial or Human Resources)

7.8 Financial

The findings of the diagnostic have highlighted a financial pressure linked to the introduction of care reform, and the impact of population growth and increased case level acuity. Elements of each is in budget forecasts but there remains a funding gap between budget MTFP and expected demand. This coupled with the inflationary cost pressures across the care economy mean any

efficiency opportunity needs to be delivered as part of existing savings within 2023 budget and for identified savings within 24/25.

7.9 Legal

Social Care Reform could likely lead to a greater demand on Legal Officers for advice and representation that could lead to Court applications. This includes queries arising from financial decisions, and the impending changes to Liberty Protection Standards.

The Care Act 2014 sets out the legal framework for promoting the individual's wellbeing when doing care assessments (section 1), care needs assessments (Section 9) and how services are provided to meet eligible needs (Section 18) together with DHSC statutory care and support guidance (updated 2022). The guidance refers to assessments which must be people-centred throughout and supporting persons to have choice and control.

The charging regime is contained in sections 14,17, 69-70 of the Care Act 2014 and the Care and Support (charging and assessment of Resources Regulations 2014 , Care and Support and Aftercare (Choice of Accommodation) Regulations 2014. Certain services cannot be charged for such as those provided under section 117 of Mental Health Act 1983 or some reablement services. The existing legal basis for fee setting in relation to the cost of care home and domiciliary care is contained in section 5 of the Care Act 2014 and paragraph 4 of the statutory care and support guidance.

The Council will need to comply with its Contract Procedure Rules and Social value considerations under the Public Services (Social Value) Act 2012 as part of any procurement process and specification where relevant if external support is procured.

The Council has a duty under section 3 of the Local Government Act 1999 to continuously improve the way its functions are exercised having regard to economy, efficiency and effectiveness and the statutory Best Value guidance (MHCLG 2015).

S.149 of the Equality Act 2010 requires the Council to have due regard to the following aims when exercising their functions:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not." Protected characteristics" are age, disability, gender reassignment, marriage and civil partnership, pregnancy, maternity, race, religion or belief, sex, and sexual orientation.

7.10 Human Resources

There are recruitment challenges across Adults and Health and the wider social care sector, aspects of the change programme will make capacity as efficient and productive as possible, therefore alleviating some of the demand linked recruitment pressures.

The change programme would require internal staff capacity to fulfil change design and implementation roles, the funding proposal has costed these roles and backfill, or agency use is expected to be considered to cover these roles whilst working on the change programme. A core team will be established to mitigate pressures on staff, a lot of whom are already heavily involved preparing for the new case management system due for phase one deployment in spring 2024.

Alongside process change will be a need for Learning and Organisational Development input to support both the transformation team and the wider body of staff.

7.11 Risk

There is a financial risk to the council should the efficiency benefits not be realised by the change programme, or further cost pressure reduce the impact on the overall budget of any efficiencies.

7.12 Integrated Impact Assessment (IIA)

IIAs will be carried out on programme change proposals and development approaches, there will also be due reference to the Integrated Communities Framework assessment process.

The impact of any change on the armed forces community will also be assessed as change options are developed.

8 Consultation

Local authority managers have been working with partners and staff teams on the purpose and scope of the diagnostic and the programme proposals for change that have emerged from the diagnostic.

The Trades Union liaison group for Adults & Health have been briefed on the diagnostic approach and the programme proposals.

Portfolio holders have been briefed on the diagnostic and change proposals.

Legal, Finance, Risk and Procurement colleagues have shaped the requirements associated with the contract for the diagnostic and delivery of a change programme.

Other groups and parties involved in shaping the proposals:

- Council's Executive Team
- Strategic and Service Directors (including Finance)
- Legal services
- Service Directors, Heads of Service , Managers and teams in Adults and Health

Across all consultees there has been support for the need for a diagnostic bringing in expertise to identify the opportunities for change and efficiency, and to help shape a potential change programme.

9 Engagement

The approach taken to reach the proposals before Cabinet has included many frontline staff from teams across the directorate and partner organisations. The service user led Coproduction board has also shaped and engaged in developing the approach and response to the emerging findings of the diagnostic.

Teams have been involved in reviewing cases to identify learning and opportunities for change, teams have also been involved in shadowing and pathway mapping to explore where they identify opportunities and capacity for change which feature in the change programme.

Managers and directors have been heavily involved in shaping opportunities into programme proposals and agreeing the most efficient and effective approach to delivering programme proposals.

Portfolio holders Cllr Ramsay and Cllr Turner have been engaged and briefed on the findings of the diagnostic and proposals for delivery of a new operating model.

10 Next steps and timelines

As a service we have learnt much from external viewpoints over the past few years, we have also spent valuable resource on supporting external agencies to reinforce our design ideas and direction of travel. We now request capacity to combine our expertise, experience and skills into creating a mode of operation rather than a short to medium term savings programme.

The Vision for Adult social care continues to drive our approach to supporting the people of Kirklees, we have made considerable progress in changes the way services operate so they are able to better deliver the Vision in reality.

The macro health and care environment has been under pressure for a number of years, and recent policy and budget announcements suggest that further pressure is to be expected. This is being felt across internal teams from both the acute and emergency sectors, and also from commissioned care providers who are experiencing staffing and economic pressures of their own.

Although aspects in this paper present a concerning future for social care locally there are a wide range of examples of progressive change that have improved practice, efficiency and experience for staff teams, those accessing support, carers, and providers of services.

The table below outlines how the programme of work will commence, and when the different programme stages are expected to be completed. Some stages within programmes will run concurrently and iterative design changes identified could affect completion dates.

Activity	Indicative Completion
Cabinet Decision	21 December 2023
Mobilising the transformation team / resource	Jan 24
Foundations for implementation i.e. data pipelining, establishment of governance, benefit monitoring etc	March 24
Design, Test & Piloting, Implementation & Embed Activity	
Front Door	September 24
Reablement	December 24
Adult Social Care	March 25
Learning Disabilities	March 25
New Operating Model in place	March 2025

11 Officer recommendations and reasons

The reasons for submitting this report to Cabinet is for members to:

- Note the findings of the diagnostic exercise (appendices B and C). Support the proposed Transformation Programme to deliver operational and practice change in line with the Council's Vision for Adult Social Care
- Delegate authority to the Strategic Director for Adults & Health, in consultation with the Strategic Director of Resources, the S151 officer, the Cabinet Member for Resources and the Cabinet Member for Adult Social Care to agree the final scale and nature of the transformation

team (both re-prioritising the work of existing staff across the organisation and securing additional temporary capacity and capability as required).

12 Cabinet Portfolio Holder's recommendations

- Cabinet Portfolio holders Cllr Ramsay and Cllr Turner agree with the officer recommendations outlined in section 11.
- Cllr Ramsay's recommendation:
- I believe the case for change has been clearly articulated within the main body of the report. We all understand the increase in costs, demand and complexity and the pressure these are having, and will continue to have, on Social Care services. I think we can recognise the reason that services changed during the pandemic and understand that we need to 'reset'. In addition, there are the added pressures of the introduction of Care Quality Commission assessments and the Adult Social Care Reforms that need to be prepared for.
- The Newtons Europe work has given us the understanding as to how we can now transform these services so that they can deliver the Vision for Adult Social Care. There are real opportunities to change practice and support staff e.g. through technology, new pathways, and further training, enabling service users to be as independent as possible, maximising the strengths of their individual circumstances.
- I am very supportive of the plan to manage this change programme using resources, as much as is possible, from within the Council, and feel comfortable that the risks can be mitigated. I believe that the robust governance described and the ringfencing of the change team will support the delivery of a transformed service able to survive the pressures described. On that basis I support the officers' recommendations.

13 Contact Officer

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List of Appendices:

- APPENDIX A – Vision for Adult Social Care
- APPENDIX B – Programme Approach
- APPENDIX C – Work Programmes – Summary & Detail

14 Background Papers and History of Decisions

Key Decision Notice: Adults & Health's intention to commission some external consultancy to support a comprehensive diagnostic and subsequent change programme. <https://democracy.kirklees.gov.uk/mglIssueHistoryHome.aspx?Id=29312&PlanId=181&RPID=4528979>

Cabinet Item: 17th January 2023 -

<https://democracy.kirklees.gov.uk/documents/s49863/FINAL%202023-01-17%20Cabinet%20Report%20Adults%20External%20Commission.pdf>

Cabinet Decision: - <https://democracy.kirklees.gov.uk/ieDecisionDetails.aspx?Id=10749>

Key Decision Notice: Implementing the Council's Vision for Adult Social Care

<https://democracy.kirklees.gov.uk/mglIssueHistoryHome.aspx?IId=32066&PlanId=194&RPID=4715580>

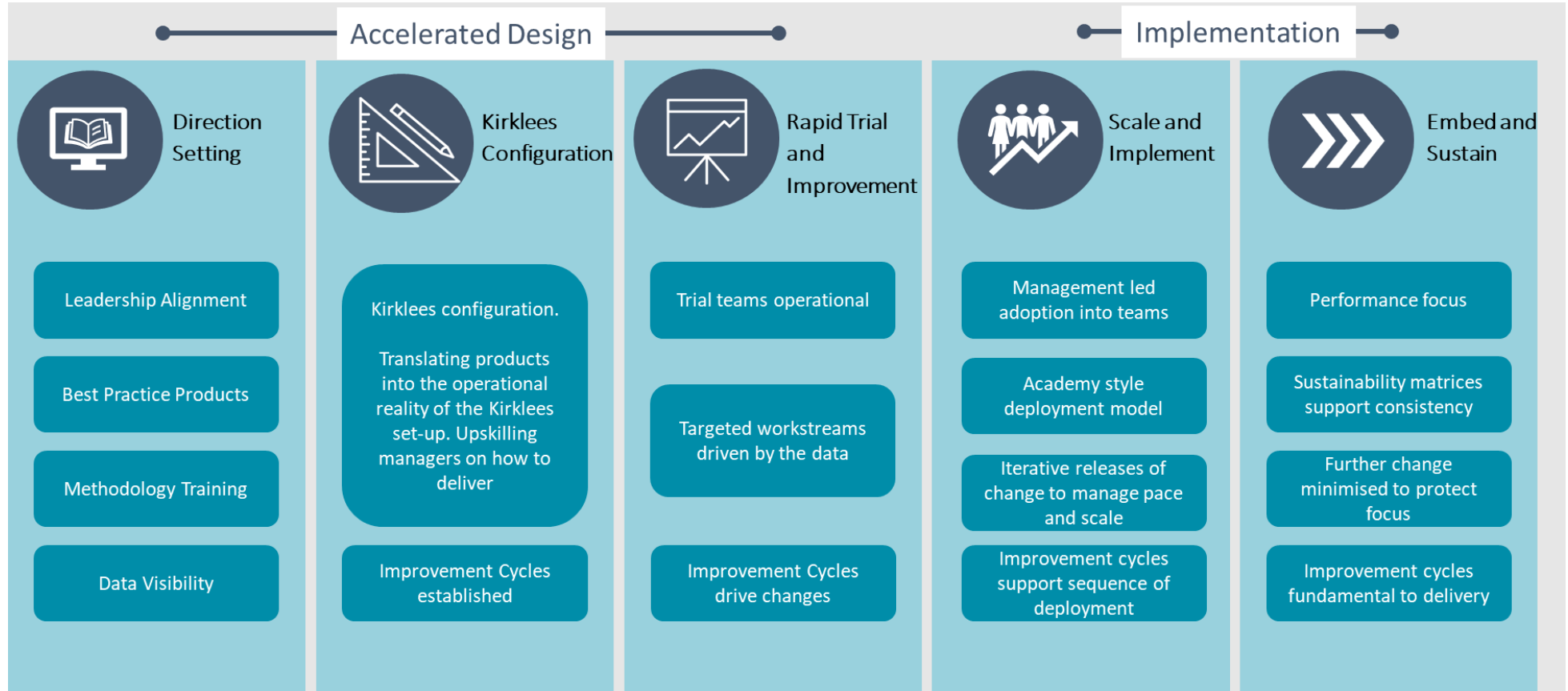
15 Strategic Director responsible

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APPENDIX B – Programme Approach



APPENDIX C – Work Programmes – Summary & Detail

Reablement



Fully utilising our existing capacity, increasing our demand to capture more people who could benefit and aligning our processes to best practice would enable

1200 people per year to live more independently and have smaller formal packages of care

Adults Services and Front Door



Enabling a strengths based working environment, designing a more resident-centric process and collaborating effectively with our community services would enable

450 more of our adults every year to have a better journey through the social care process and live more independently

Learning Disabilities and Mental Health



Challenging our mindset and model around progression, enabling creative and strengths-focussed decision making, utilising enabling services and ensuring we have an effective transitions pathway would enable

500 of our resident with a learning disability or mental health conditions to live more independently

Environment for Change



Having the appropriate capacity to ensure change land sustainably, creating an organisation where collaboration is simple and providing our managers with accurate intelligence will allow Kirklees to

Take the passion, experience and skill of our workforce and translate this into permanent and impactful transformation