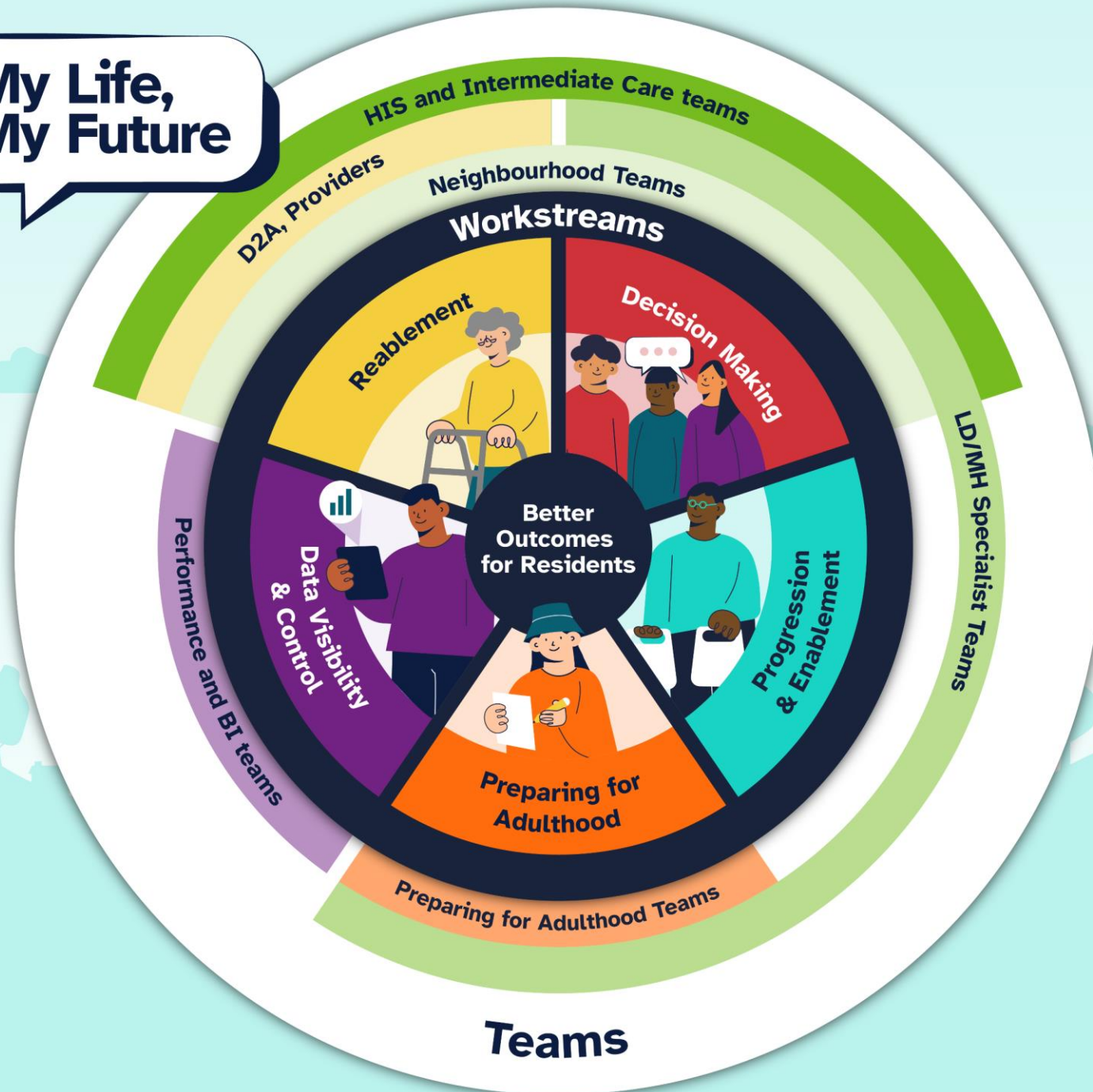# My Life, My Future Programme
LGA Peer Review

6th March 2024

Agenda

- Programme Overview & Approach

- Trial Plans

- Workstream Highlights

- Operational & Financial Performance Tracking

My Life, My Future

Workstreams

HIS and Intermediate Care teams
D2A, Providers
Neighbourhood Teams
LD/MH Specialist Teams
Performance and BI teams
Preparing for Adulthood Teams

Reablement
Decision Making
Progression & Enablement
Preparing for Adulthood
Data Visibility & Control

Better Outcomes for Residents

Teams

Somerset Council

We are working through a structured change programme which will have a design and an adoption phase to create well-evidenced solutions and ensure sustainable change across the county

DESIGN | **ADOPTION & SUSTAIN**

DESIGN & READINESS FOR TRIALS | **TRIAL** | **PREPARE FOR IMPLEMENTATION** | **ITERATE & EMBED** | **SUSTAIN**

Design & Readiness for Trials
- Assemble a 'design team' – bringing together a diverse range of input from across the service (and beyond) to tackle the opportunity identified in the diagnostic
- Conduct a series of workshops and desktop design sessions to get to an initial design which can be tested, utilising the expertise within the design group
- Design a trial or pilot, including who will be involved and how progress will be measured and reviewed

Trial
- Within one team / locality / subset of the total operation, put the designed solution into practice – this will involve new processes, ways of working, structures etc..
- Set up a continuous improvement cycle, where KPI's linked to the operational and financial benefit of the work are reviewed on a daily and weekly basis
- Iterate the solution throughout (not waiting for a formal evaluation) – the design team remains active to propose changes to the approach, according to the evidence
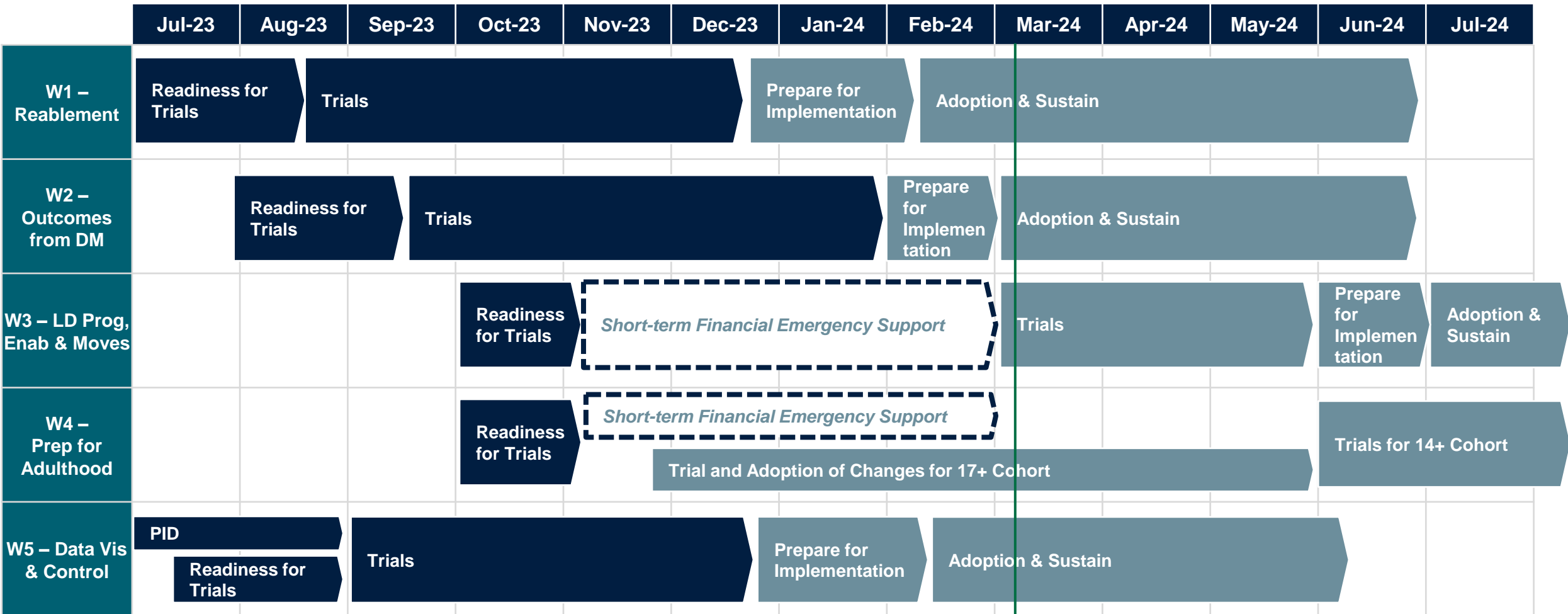
Prepare for Implementation
- With the trial complete, document the trialled solution or 'product'
- Prepare the material required to support implementation–including training guides, new standard operating procedures / processes, meeting structures, agendas, day/week in the life, visual guides etc..
- Develop sustainable versions of any tools – including digital tools and systems changes
- Assess the readiness of wider teams to adopt the new solutions and prepare an implementation plan accordingly

Approximately 4-8 weeks | Approximately 6-16 weeks, depending on the nature of the solution and teams involved | Approximately 4-8 weeks, depending on the development time for any tools or systems changes

Not every workstream will need every stage, it will be proportionate according to complexity, value and number of people impacted.

Programme Plan

● Complete

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24

W1 – Reablement
- Readiness for Trials
- Trials
- Prepare for Implementation
- Adoption & Sustain

W2 – Outcomes from DM
- Readiness for Trials
- Trials
- Prepare for Implementation
- Adoption & Sustain

W3 – LD Prog, Enab & Moves
- Readiness for Trials
- *Short-term Financial Emergency Support*
- Trials
- Prepare for Implementation
- Adoption & Sustain

W4 – Prep for Adulthood
- Readiness for Trials
- *Short-term Financial Emergency Support*
- Trial and Adoption of Changes for 17+ Cohort
- Trials for 14+ Cohort

W5 – Data Vis & Control
- PID
- Readiness for Trials
- Trials
- Prepare for Implementation
- Adoption & Sustain

Somerset Council | My Life, My Future

Trials Update

Reablement

Trial/Product	Description	Roll-out
MDT Cluster Calls	Ensuring the right structure and information visibility for daily MDT calls	Feb 2024
Goal Setting and Tracking	The right visibility of goals for enablers, and a tool to objectively track people's progress against their goals	Apr 2024
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Outcomes from Decision Making

Trial/Product	Description	Roll-out
Peer Forum support	Support to maximise peer forums by ensuring they are early and outcome-led	Dec 2023
Caseload visibility	Dashboard across teams to monitor flow through teams	Feb 2024
Community assets	Increasing local awareness of community offer	Mar 2024

Progression & Enablement

Trial/Product	Description	Roll-out
Redesigned standard processes	Increased MDT oversight for 'no change reviews' and specific focus on resi & sup. living step downs	May 2024
Empowering our teams	Involving community services in peer forums more and specific training with peer forum chairs/attendees	Apr 2024

Preparing for Adulthood

Trial/Product	Description	Roll-out
New referral process	Joined up working with children's to ensure earlier referrals, and capturing these on new Eclipse form	Apr 2024
Improvement cycles	Using data and ICs to drive more and higher quality transition plans	Mar 2024

Data Visibility & Control

Trial/Product	Description	Roll-out
Neighbourhood team dashboards	Suite of tools to support n'hood team performance	Mar 2024
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accepted referrals not yet started
37 ⬇

% accepted referrals with assessment booked
49% ⬆

Average of days since referral accepted
4.2 ⬆
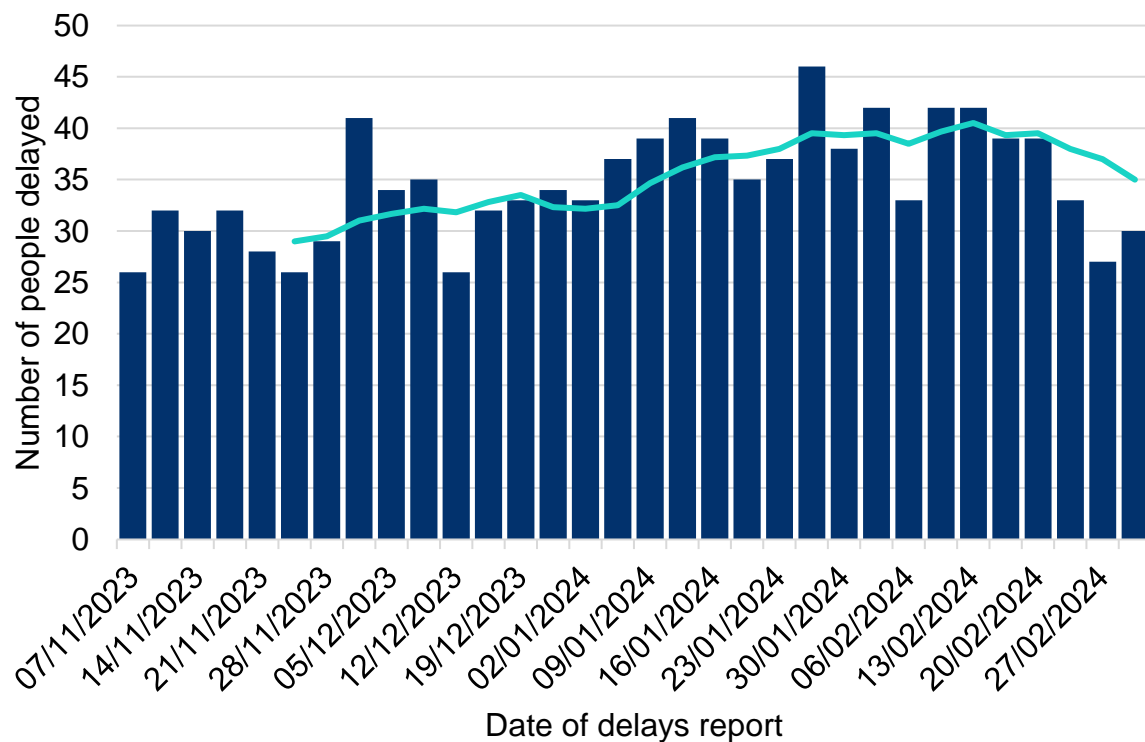Target: 2 days

on caseload
181
Commissioned: 170

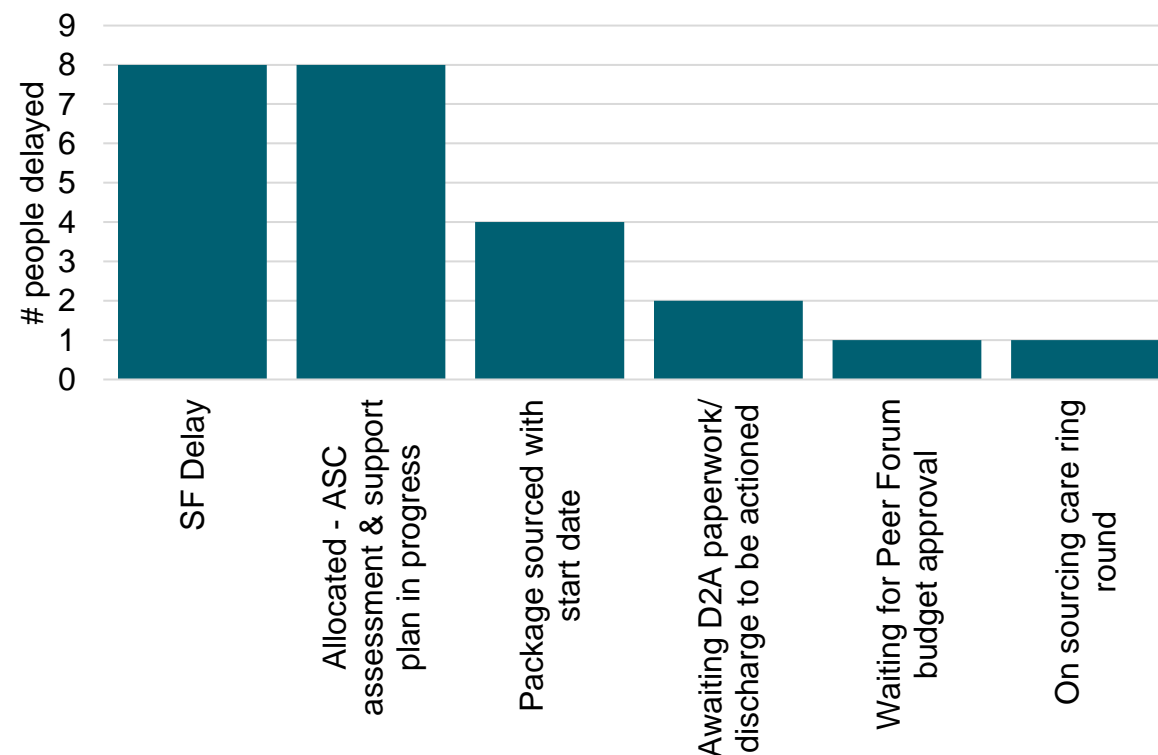Average length of stay for finishers
20.5 days
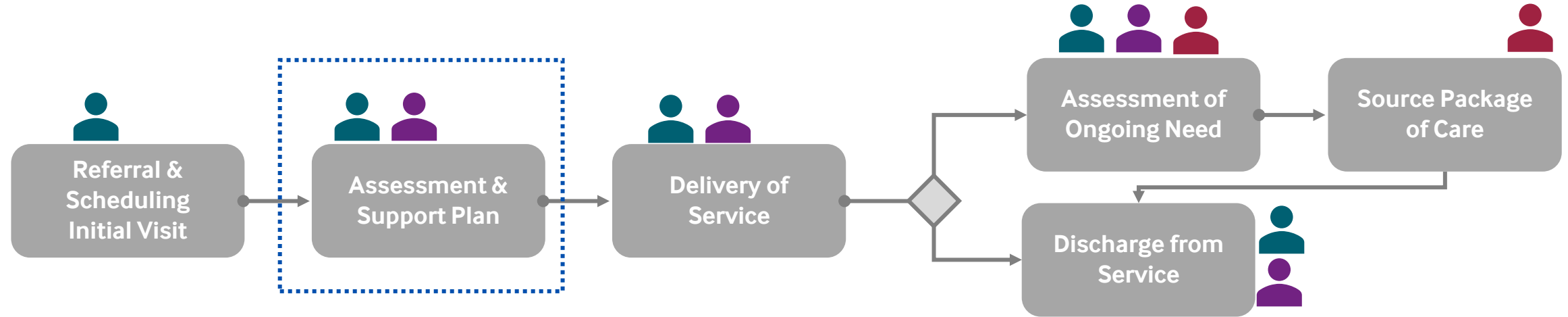Target: 17 days
:

Number of Delays - Countywide

Number of people delayed (y-axis, 0 to 50)
Date of delays report (x-axis, 07/11/2023 to 27/02/2024)

Delay Reasons

people delayed (y-axis, 0 to 9)

- SF Delay — 8
- Allocated - ASC assessment & support plan in progress — 8
- Package sourced with start date — 4
- Awaiting D2A paperwork/ discharge to be actioned — 2
- Waiting for Peer Forum budget approval — 1
- On sourcing care ring round — 1

What is our reablement model to implement in the next 3 months?

Key:
- Provider
- Key worker
- ASCP/ SW

Referral & Scheduling Initial Visit → Assessment & Support Plan → Delivery of Service → Assessment of Ongoing Need → Source Package of Care

Delivery of Service → Discharge from Service

Initial Assessment

- **Key worker** sets SMART goals with the person that will directly impact their independence
- These goals are broken down into steps (a support plan) that need to take place to support the persons progression
- Goals uploaded to the app, and goals and support plan are uploaded to RiO to be shared with **provider**

Goal Setting & Tracking – Approach

- **Working group** - to work through specific actions, (e.g. this list) to set up a trial for a Goal Setting app, and to support its running.

- **Trial in Care South** - Establishing new ways of working and processes around the goal setting and tracking tool. To build on the previous work in this area, we will trial with Care South.

- **Newton-led development of technical solution (app)** – designed in parallel to working on improving quality of goals. This will be based off existing app, taking Somerset specific considerations into account

Using goals effectively	Tracking goals
- SMART Goals training complete - SMART Goals set for all people starting reablement - Progress to goals being tracked by providers - Goals are reviewed in cluster call MDTs - Goals used in making step down decisions	- Format of Goals agreed - Scoring system for tracking progress agreed - Technical solution for capturing goals and progress - Technical solution for displaying goals and progress - Goals & progress accessible to other healthcare professionals on RiO

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Stacey's* journey through an LD Peer Forum

Stacey* is a woman in her 30s living with Autism and generalised anxiety disorder. She currently lives with her mum and step-dad at their home in Yeovil.

Stacey has recently become quite **isolated** in her home environment, rarely engaging in activities or venturing outside. Her mum expressed that she's very interested in how the outside world works however – spending much of her time online researching Politics, Philosophy and Religion.

The social worker assigned to Stacey's case felt that she could benefit from someone visiting her for **10 hours a week** to build her confidence. He wasn't sure exactly how these hours could be best used so before putting this care in place, the social worker took Stacey's case to an **LD Peer Forum**.

In this session, the social worker was able to draw on the experience of other practitioners and MDT peers, one of whom recommended bringing in a **community agent** to discuss what activities Stacey might be interested in within her local community. Once these activities were identified, around **5 care hours a week** could then be built up around them to ensure the hours are targeted towards Stacey's specific goals.

The social worker left with a clear plan on how to help Stacey achieve **greater independence** within her daily life, in a way that considers her individual needs and outcomes.

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Our progress so far…

The average CAA age has been decreased from over 20 years old to 18.2

The current PFA cohort has decreased from 172 in June to 111 young people.

For those aged 18 or over, this has decreased from over 100 individuals to 8.

Average Age at CAA Date

Number of people open to PFA
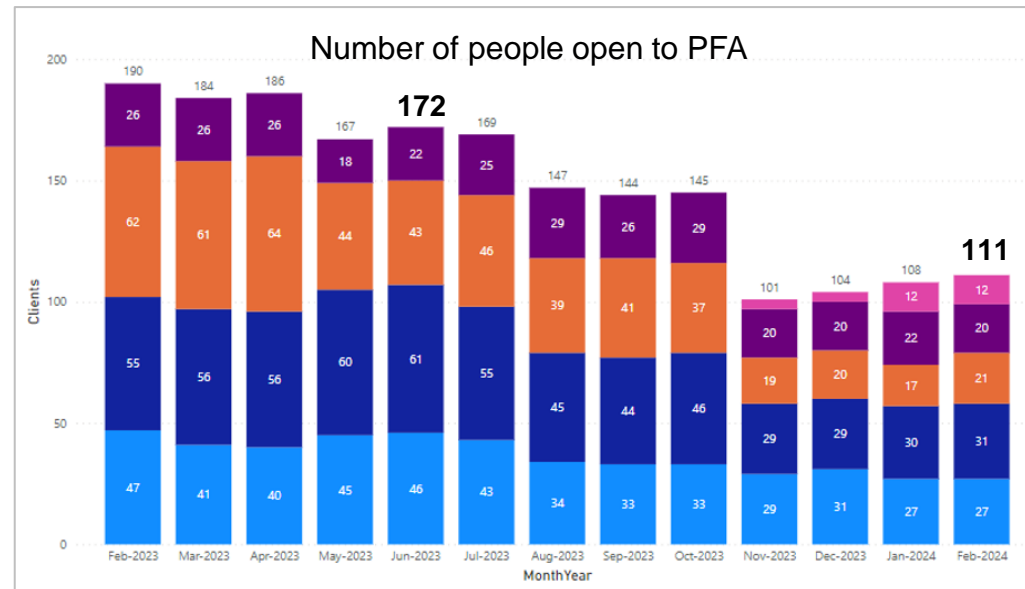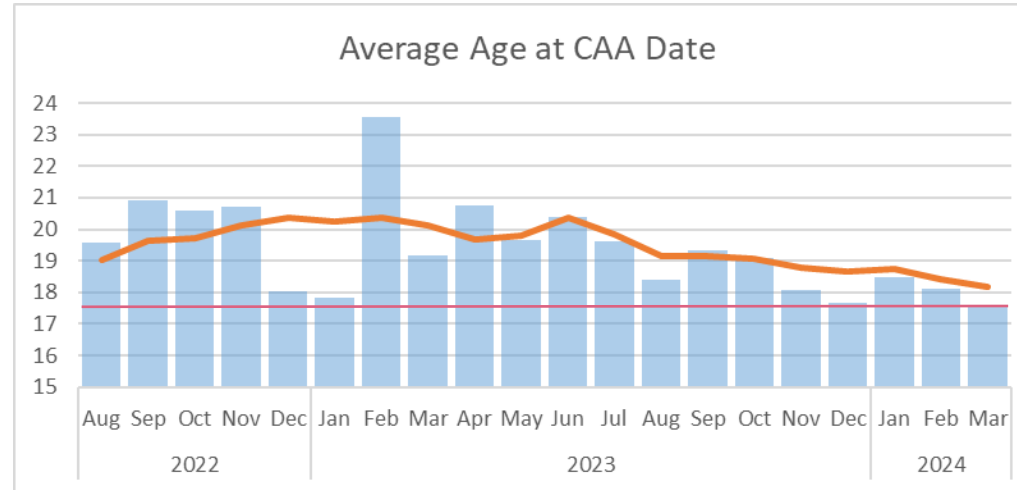
Area meetings & escalation meetings

Data visibility & full cohort validation

Everyone aged 17+ are now allocated

Improving CAA productivity and visibility

Clear process & closer working between CSC and PFA teams.

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What is the PFA Transition Form?

- The Transition Form is a new way of recording information about an individual going through the PFA process **without formally beginning the Care Act Assessment**.

- The Transition Form is created after the Core Conversation Form has been completed.

- After the form is completed, it remains accessible for updates **until the person is 17**, at which point the CAA should be carried out instead.

- It's expected that it will be completed annually as a minimum, but should also be continually updated as you work with a young person

- The Transition Form will automatically pull the relevant notes through into the Care Act Assessment later.

What are the benefits?

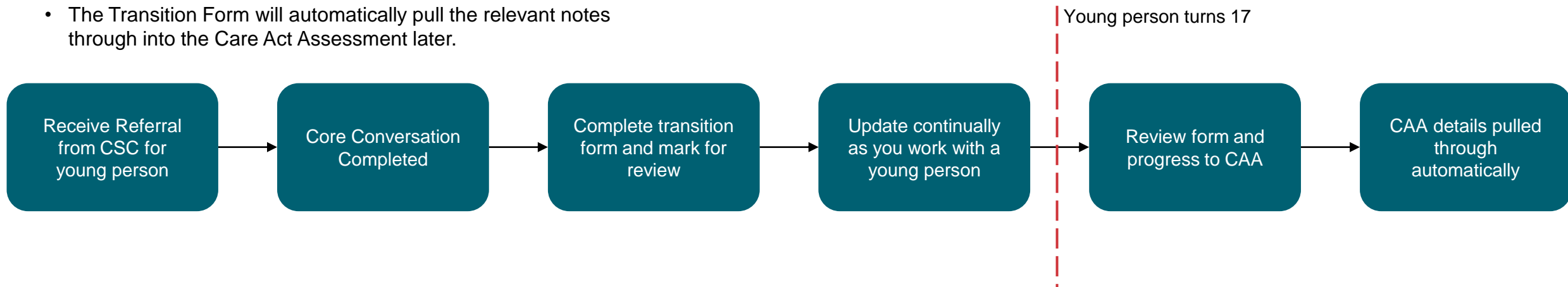- Increase provision and support requirement visibility for commissioning teams.

- Increased visibility and improved recording of information prior to the CAA completion.

- Provides an 'aim' point & prompt conversations around goals and aspirations for a young person.

- Minimal extra work for PFA team (CAA pulls key info directly), whilst enabling better insight to our current transition cohort so we can plan accordingly.

Young person turns 17

| Receive Referral from CSC for young person | → | Core Conversation Completed | → | Complete transition form and mark for review | → | Update continually as you work with a young person | → | Review form and progress to CAA | → | CAA details pulled through automatically |

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Benefits Tracking

How is the benefits tracking for My Life, My Future set up?

Each trial and workstream has a KPI which has been **baselined and agreed** with a range of operational and finance colleagues.

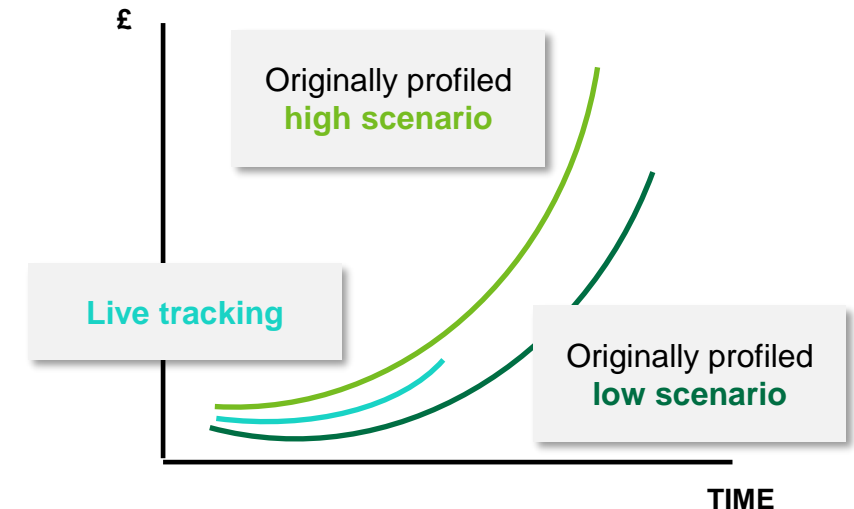This KPI is then linked to financial benefit **through an equation**.

For example, there is a workstream designed to avoid unnecessary residential starts. The operational KPI being tracked is number of new starts per week. The equation to convert to expected financial benefit is:

$$\left(\text{\# baseline residential starts} - \text{\# tracked residential starts} \right) \times \text{cost per residential placement} \times \text{duration of residential placement}$$

These operational KPIs are then **measured on a regular basis** which gives us an understanding of the impact each trial is having. The equation is then used to calculate expected financial benefit. The benefits tracking start date is taken to be **1st August 2023** which was the agreed start date of the design phase.

This lets us track the expected cash benefit **live** and compare this to the original cash profile target.

The KPIs which are being tracked are **service-wide** (i.e. not just trial areas): this means that we have good understanding of holistic service performance. If performance declines elsewhere, this tracking will measure it. The programme is only successful if **overall performance** improves.

£

Originally profiled **high scenario**

Live tracking

Originally profiled **low scenario**

TIME

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There are different ways to report the benefit of the programme

1 **Run-rate**

2 **Realised Value-Add**

The run-rate is a way to **estimate the future benefit based on a sustained current performance**.

It uses a snapshot of how the KPI is performing now against the agreed historic baselines to show the annualised financial benefit if current operational performance was to **continue at the same rate**.

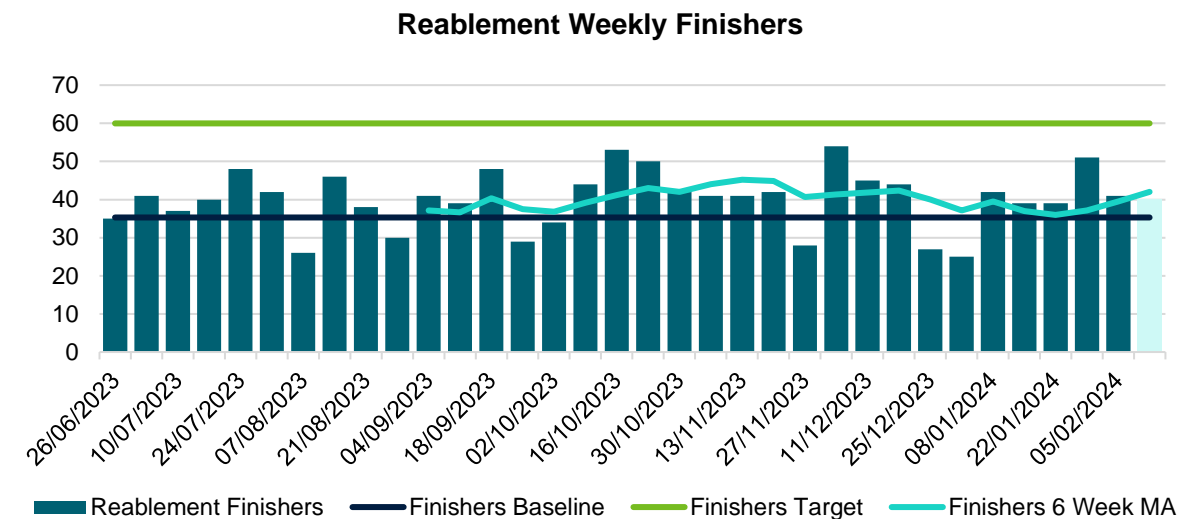This benefit is **not necessarily achieved** in a year.

Realised value-add is a measure of the **actual financial benefit** achieved to date.
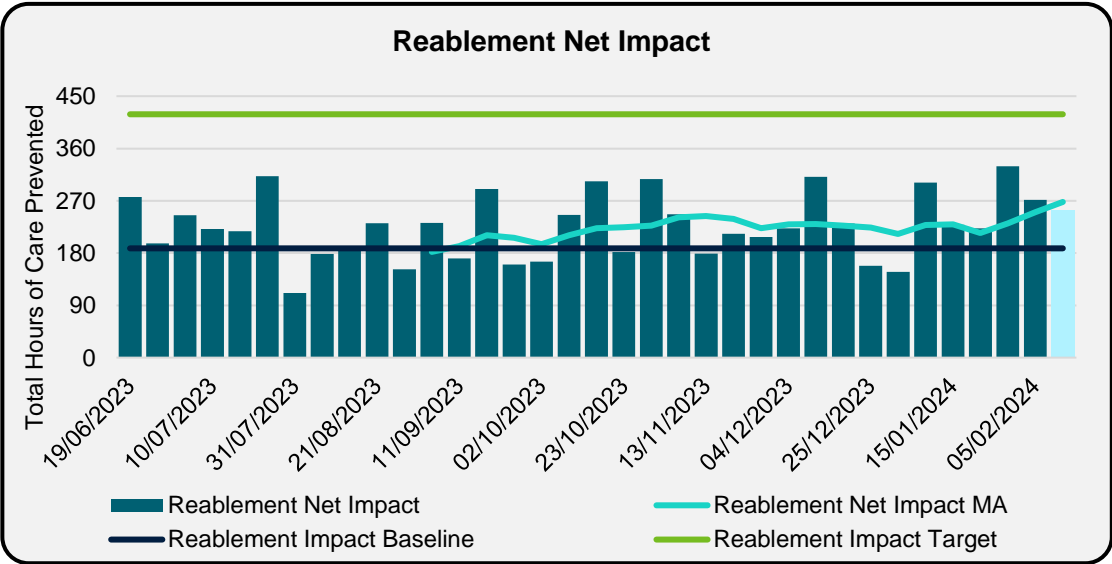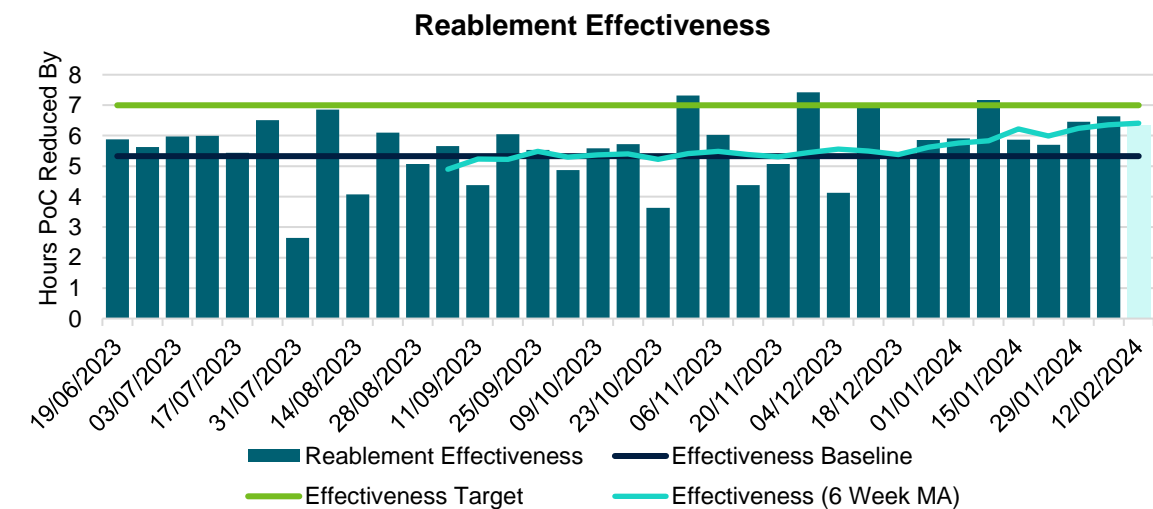
This can be in the form of **cash savings** or **cost avoidance** based on the expected growth trajectory.

It **may not be the best measure to judge performance** in the early stages of a transformation programme, as benefit will take time to accrue.
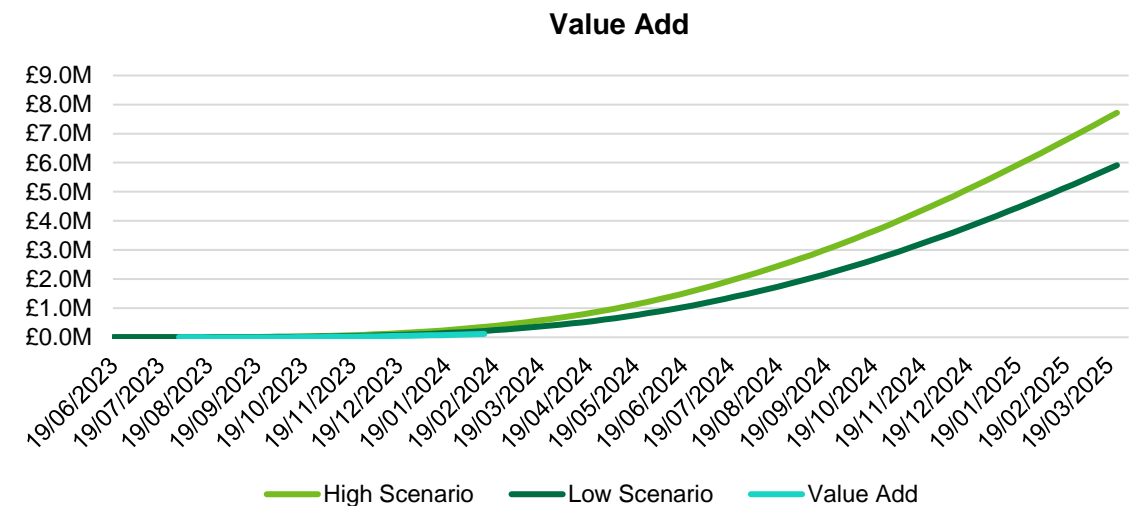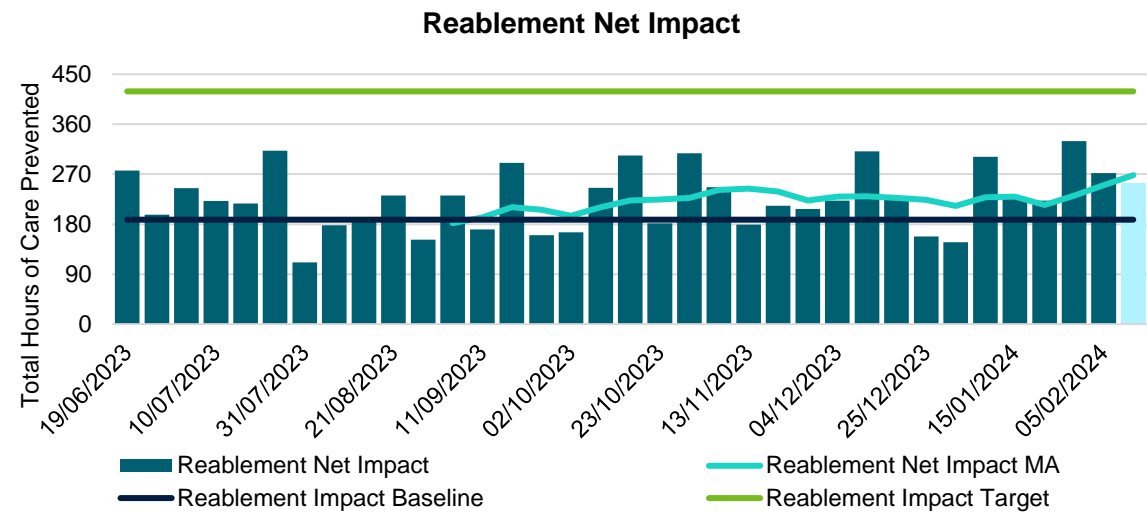
Reablement Benefit Tracking – Top Level KPIs

Reablement Weekly Finishers

Legend: Reablement Finishers — Finishers Baseline — Finishers Target — Finishers 6 Week MA

	Live (6 Week MA)	Baseline	Target	RAG
Finishers / wk	39.5	35.3	60.0	
Effectiveness (hours)	6.4	5.3	7.0	
Net Impact	250	188	419	

Reablement Effectiveness

Legend: Reablement Effectiveness — Effectiveness Baseline — Effectiveness Target — Effectiveness (6 Week MA)

Reablement Net Impact

Legend: Reablement Net Impact — Reablement Net Impact MA — Reablement Impact Baseline — Reablement Impact Target

Reablement Benefit Tracking

Reablement Net Impact

	6 Week MA	Baseline	Target	RAG
Net Impact (Hrs / wk)	250	188	419	

	Live	High Scenario	Low scenario
Value-Add	£104k	£316k	£191k
Run-Rate	£2.5m	£7.8m	£6.0m
Value-Add by Mar-25	£2.6m	£7.9m	£6.1m
Value-Add by Mar-24	£215k	£620k	£395k

Value Add

Context
- Both finishers and effectiveness are starting to trend upwards
- The 8-wk moving average of the net impact metric is the highest since tracking has begun