

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL CARE, HEALTH AND HOUSING CABINET BOARD 14 JULY 2016

REPORT OF THE HEAD OF ADULT SERVICES - ANDREW JARRETT

Matter for Information

Wards Affected: All Wards

IMPROVING OUTCOMES, IMPROVING LIVES ANNUAL REPORT 2015/16

1. Purpose of the Report

- 1.1 To provide an update to Members on progress with the Improving Outcomes, Improving Lives (IOIL) adult social care transformation programme during 2015/16.

2. Background

- 2.1 Following approval by Corporate Directors' Group on 10th March 2015, the adult services transformation programme was rebranded as Improving Outcomes, Improving Lives (IOIL) from Transforming Adult Social Care (TASC). A Programme Manager was appointed and commenced in July 2015 in order to focus the efforts of the programme, and ensure project plans and action registers were set against each work-stream.
- 2.2 Regular project meetings and senior manager meetings were established in order to monitor and encourage progress and track financial savings achieved against respective work-streams. Progress was fed-back monthly to the Director of Social Services, Health and Housing via Highlight Report and Director Monitoring

Meetings. Progress was fed back quarterly to Corporate Directors Group via quarterly reports.

- 2.3 The programme has received external support from a number of sources. Following approval by Social Care, Health and Housing Cabinet Board on 11th June 2015, Peopletoo were appointed to provide support for the delivery of cultural and practice change and performance and business systems work-streams in the programme. Alder continued to provide support to the review and negotiations around complex care placements under the Pathways to Independence work-stream. Peter Oakeshott continued to provide support in the areas of alternative delivery models and commissioning. Paul Davies was commissioned in November 2015, initially to provide support and expertise in the area of Direct Payments.
- 2.4 Throughout a period of change and instability in leadership attributed to the programme throughout the year, continuity and progress has been maintained via review of delivery, appropriate use of available resources and the ongoing commitment of those involved in underlying projects and work-streams.

3. Financial Impact

- 3.1 There are no financial impacts associated with this report.

4. Equality Impact Assessment

- 4.1 There are no equality impacts associated with this report.

5. Workforce Impacts

- 5.1 There are no workforce impacts associated with this report.

6. Legal Impacts

- 6.1 There are no legal impacts associated with this report.

7. Risk Management

- 7.1 There are no risk management issues associated with this report.

8. Consultation

- 8.1 There is no requirement under the Constitution for external consultation on this item.

9. Recommendations

- 9.1 It is recommended that Members note the Annual Report attached at Appendix 1.

10. Appendices

- 10.1 Improving Outcomes, Improving Lives Annual Report 2015/16.

11. List of Background Papers

- 11.1 None.

12. Officer Contact

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IMPROVING OUTCOMES IMPROVING LIVES
ANNUAL REPORT 2015/16

1. Purpose of report

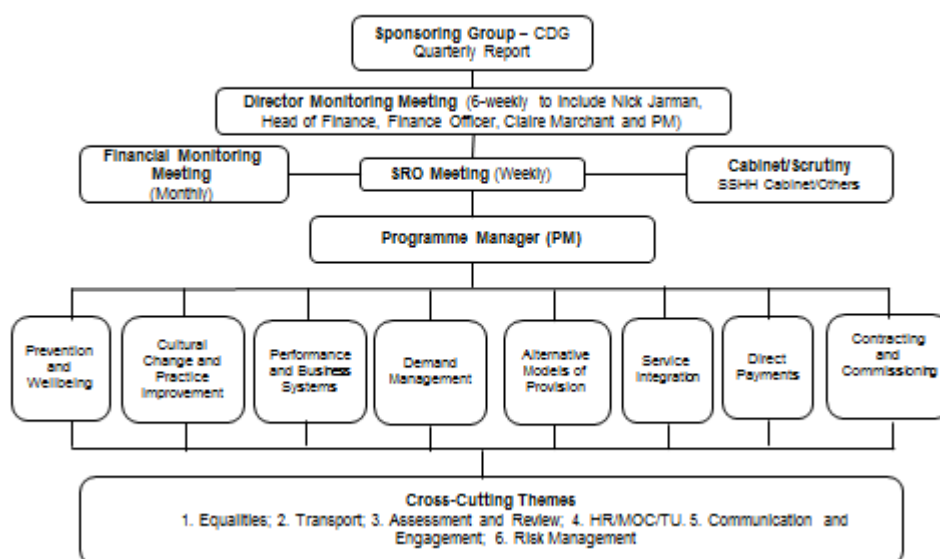
To provide an update to Corporate Directors' Group (CDG) on progress with the Improving Outcomes, Improving Lives (IOIL) adult social care transformation programme.

2. Progress 2015/16:

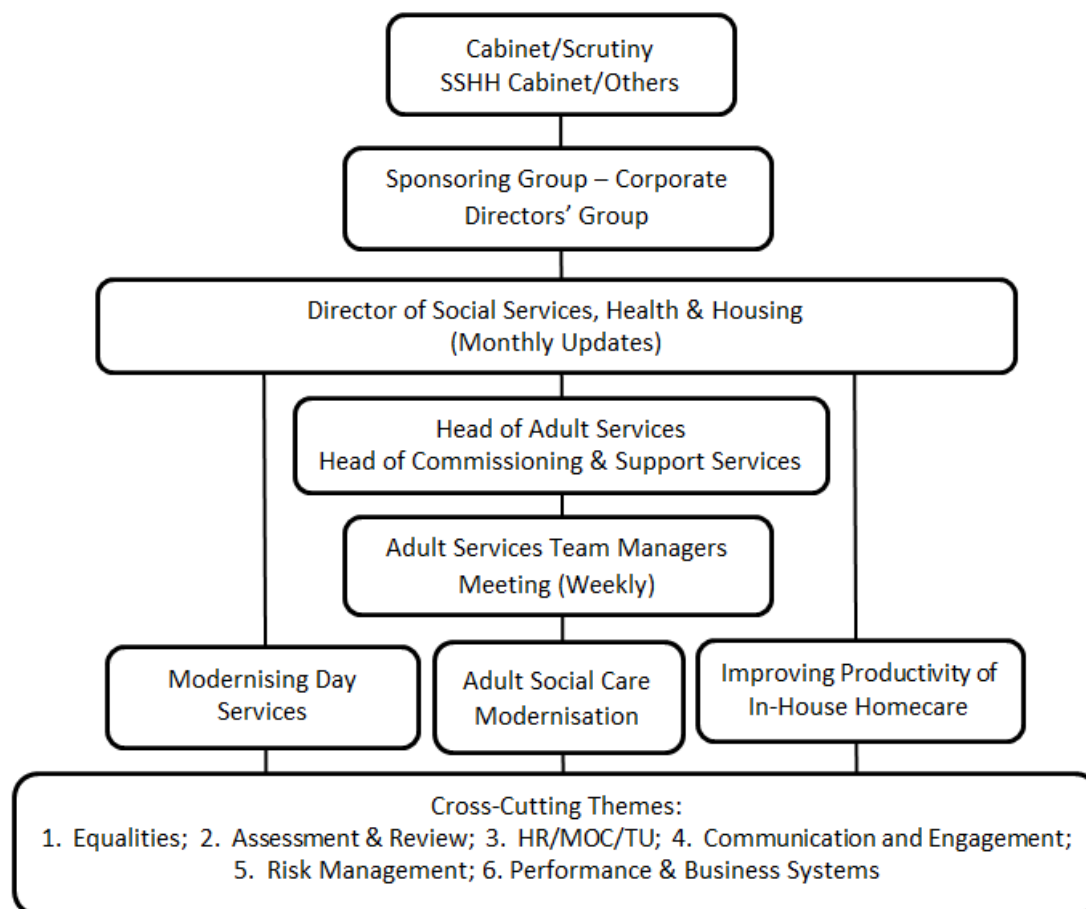
The Programme Structure has been amended as follows:

- Following the appointment of Andrew Jarrett to Interim Head of Adult Services, the Programme Structure was reviewed and determined to be over-complicated in the number of closely inter-linked projects that contributed to the bottom line savings target. Therefore, the programme has been streamlined, with a number of projects now amalgamated into the single project, Adult Social Care Modernisation.

Original Structure (as at April 2015):



Revised Structure (from April 2016):



- The Adult Social Care Modernisation Project combines the savings of the previous projects with a bottom line FFP Target of £2.05m.
- Savings under the Adult Social Care Modernisation Project will be recorded via a Tactical Panel process which will account for all approved and non-approved expenditure requests for social care. The Tactical Panel adopts a phased approach across the client groups. Phase 1 (Q1 16/17) focuses primarily on Complex Needs and Mental Health (Low Volume/High Cost). Phase 2 (Q2 16/17 onwards) will take into account any lessons learned during Phase 1 to ensure successful roll-out across Community Networks (High Volume/Low Cost).
- The Tactical Panel will feed back into two overarching project groups:
 - Finance Systems – Monitors the overall savings achievements & uses budget feedback to inform decision making

- Resources – Ensures best use of existing resources (particularly in-house), avoiding more costly external options wherever possible
- Modernising Day Services and Improving Productivity of In-House Homecare Services remain as standalone projects.
- Progress regarding individual projects and work-streams follows later in this report.

2.1. Programme Governance:

The arrangements surrounding governance have progressed as follows:

- *Director Monitoring Meeting:* These meetings have been held monthly to present the Programme Highlight Report to the Director of Social Services, Health and Housing. The Highlight Report presents the headline budget information and critical risks, issues and decisions. Narrative updates from work-stream leads have been reviewed and refined throughout the year for easier digestion of information.
- *Reporting to CDG:* Quarterly reports are submitted to CDG for monitoring. This annual report serves as a reflection on progress throughout the full Financial Year 2015/16.
- *Senior Responsible Officer (SRO) Meetings:* SRO meetings were established and met weekly initially, moving to fortnightly mid-way through the year. The focus of the meetings alternated to cover financial monitoring and highlight reporting respectively. Attendance consisted of both senior and operational managers, as well as Finance and Business Services representatives and the Programme Manager. These meetings continued into the early part of the 4th Quarter, but have now been dissolved and absorbed into the weekly Adult Services Team Managers Meeting, introduced and chaired by the Interim Head of Adult Services.
- *Management of Risk:* The Risk Register is routinely refreshed in line with the changes to the Programme structure. The existing risks will be reviewed and carried forward as necessary.

2.2. Programme Management and Delivery:

The following has progressed:

- *Programme Manager:* The Programme Manager role commenced in July 2015 and ceased on 31st March 2016. The Programme

Manager was responsible for the coordination, recording and reporting of programme delivery. Future programme/project support will be delivered via existing roles from within Commissioning and Support Services.

- *Quality Assurance:* Additional Programme support was provided from October 2015 by Bethan V. Browning in a Quality Assurance role, to monitor programme delivery, governance arrangements, business planning and financial reconciliation. This arrangement is in place until mid-June 2016.
- *Membership of groups:* Group attendance has been routinely reviewed to ensure focus and momentum are maintained and delivery of the Programme is not adversely affected, particularly in line with the departure of a number of senior managers/project leads.
- *Project Teams:* Project teams have been routinely revised in line with any departures and taken into account any changes to project focus/delivery.
- *External support:*
 - Peopletoo Associates commenced with the Authority in June 2015. The main focus of their support was in ensuring the Programme work-streams were focused and able to deliver on the associated 2015/16 FFP targets. They were approached early on to advise on 2016/17 savings also and processes for achieving these, to which they were accommodating. An in-depth Cultural Change and Practice Improvement training programme was also delivered across Social Work teams and Gateway, the focus of which was to enable staff to achieve a constant level of knowledge, skills and understanding of the practices and processes required to help meet the aims and objectives of the programme. This training was delivered at team level, and via one-to-one mentoring, and was tailored to suit the individual needs of the team. The contract with Peopletoo has not been extended past its original cessation date.
 - Peter Oakeshott has been providing support to the service and programme in a number of areas. He currently provides an interim leadership role to the Common Commissioning Unit.
 - Paul Davies was appointed by the Authority in November 2015 to provide support around Direct Payments in the main. Paul's expertise and knowledge have played a crucial part in refocusing

the Direct Payments project and establishing and mobilising an in-house support service. Whilst recruitment to existing Principal Officer vacancies is ongoing, Paul has taken on the role of Interim Principal Officer, continuing to provide additional support and expertise in various areas of the business. He is also the appointed lead for the Adult Social Care Modernisation project.

- Alder continued to support the Pathways to Independence (PTI) project throughout 2015/16, particularly in the areas of robust assessing and negotiation. Following the absorption of PTI into the Adult Social Care Modernisation project, Alder's focus has been moved to other areas of programme delivery. Ellen Law provides leadership and support as Interim Principal Officer, and Jenny Anderton is instrumental in identifying and developing the Pathway to Care flow.

2.3. Progress with Projects and Work-streams:

Achievements in 2015/16 and work to progress through 2016/17 is summarised in the following table:

Project Title	Achievements in 2015/16	Work to Progress in 2016/17
<p>Prevention and Wellbeing</p>	<p>Local Area Coordination 3 Local Area Coordinators were appointed during the year. A rigorous induction process was delivered, supported by Ralph Broad. Training has been provided by NPTCBC, ABMU, WCADA, and shadowing of the Swansea team undertaken. There are prospects for further training with 3rd Sector, including Women's Aid. Team are embedded within communities and implementation has received encouraging feedback. Positive links have been made with GPs and CVS. Communication plan in place & website has been set up.</p> <p>Development of Resource Directory Due to slow progress and no visible plans for implementation of Info Engine, Adult Services employed a local interim measure, utilising the local service directory developed by the Gateway/MDT 3rd Sector Broker. This facility was uploaded to the Quality Performance Framework so that is available for use by all staff.</p> <p>Time Banking Despite a successful pilot of Time Banking in the Amman Valley, no work has been taken forward in further progressing this.</p>	<p>Re-launch of Leadership Group Establish links with CYPS Develop data monitoring/measures, links with SSIS (data required by Partnership Board). Link with Finance re: costings. Utilise social media. Develop a wider training programme with Training Dept.</p> <p>Further developments and decisions regarding a resource directory provision are being considered through the corporate Information, Advice and Assistance work-stream, led by the Chief Executives Directorate.</p>

<p>Cultural Change and Practice Improvement</p>	<p>Embed New Social Work Model The new Social Work Model went live on 16th April 2015. Following this, there were some embedding issues in terms of moving workers and cases into the correct teams, both in physical and IT system senses.</p> <p>Right Sizing and Right Pricing Pathways to Independence (PTI) savings slowed down during the first quarter of 2015/16 due to staff absences and consequently reduced pace, but regained momentum following a concerted effort into the second quarter and beyond. The project received robust support from Alder associates in terms of assessment and negotiation.</p> <p>Outcomes Pilot Implementation During the past 12 months the Afan network participated in an Outcomes pilot project for SSIA. The project focused on citizens' outcomes and how social work staff can utilise their knowledge and skills to achieve these outcomes. The project enabled the team to focus upon collaborative communication skills and how these can be used to assist in identifying individual outcomes.</p> <p>Transition The Transition Protocol, approved by SCHHCB on 14th May 2015, was formally launched on 14th July 2015. In</p>	<p>Work to be undertaken to ensure team criteria are fit for purpose and services are coordinated across teams.</p> <p>This work now feeds into the funding and resources panels under the single work-stream Adult Social Care Modernisation.</p> <p>In 2017 Welsh Government will request that Local Authorities provide measurements as to the 'distance travelled' with individual outcomes; decision will be required as to how NPT plans to manage this.</p> <p>Pathway process needs to identify a robust entry criteria</p>
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the Autumn of 2015 a vacant Consultant Social Worker post in the Disability Network Team was appointed to. The area of focus for this post is Transition and Continuing Health Care. The post holder commenced in January 2016. Since taking up post, the post-holder has been working to develop planning and tracking meetings, which had previously been established, but were not functioning adequately, or attended by the correct people, although beneficial in creating necessary links with Children and Young Peoples Service. A transition panel is being considered. A flowchart looking at how best to move cases on has been developed. A spreadsheet has been created to identify and track potential transition clients in collaboration with Health and Education, taking into account those young people who have the potential to fall off the radar after leaving school.

Efficiency of Service:

Improve Case Coordination and Process of Assessment/Review so Outcome Focussed and Proportionate

Please refer to section above regarding Outcomes Pilot, and below regarding cultural change and practice improvement training.

for each team.

Capacity and resource to deliver needs to be monitored. System needs to be introduced to identify, forward plan and identify risks.

Continued and improved integration with CYPS, Health, Education and Commissioning.

Work being undertaken in relation to the pathway to care process will aim to connect processes and ensure the robust coordination of cases

Reduce Double Handling

Following an analysis of the cohort of cases under PTI/Complex Needs cases (low volume, high cost), Peopletoo identified that there was extra scope for right sizing within Community Cases (high volume, low cost). A desktop exercise coordinated by Commissioning with external providers' support wielded a successful and prompt reduction to call lengths totalling 6,500 saved hours per annum, equating to a saving in the region of £90k. Further work focussed on the robust review of double manned domiciliary cases, which was largely supported by an Agency Occupational Therapist and Social Worker. Reductions were identified via functional mobility reviews, but implementation of recommended reductions was somewhat hindered through the coordination process.

Ensure Assistive Technology Used as Widely as Possible

Referrals to Assistive technology have not increased throughout 2015/16. It has been recognised that this preventative service is critical towards supporting citizens to remain healthy, safe and well at home.

across the service.

The coordination process needs to be enhanced to ensure the right sizing process is understood by all teams. This can be supported through training and communications, plus a concerted effort towards skills transfer from those experienced in carrying out this work. Workshops to engage with other teams and highlight the OT's role in the assessment/review process have been arranged by the Team Manager.

Assistive technology services need to be brought to the forefront and better coordinated with the assessment/review process. The team manager sits on the newly established resources

	<p>Cultural Change:</p> <p>Skills Development/Cultural Change Programme In August 2015, Peopletoo commenced an accelerated cultural change and practice improvement training programme with the following teams:</p> <ul style="list-style-type: none"> • Afan Network • Neath Network • Disability Network • Community Mental Health Teams (CMHTs) • Community Resource Team (Social Work) • Gateway <p>The purpose of the training was to enable staff to achieve a constant level of knowledge, skills and understanding of practices and processes and prepare them for the introduction of the Social Services and Well-being (Wales) Act 2014 implementation in April 2016, as well as a more general move towards outcomes based social work.</p> <p>The training was tailored to the individual needs of the team and the service as a whole and delivered through group sessions, followed by one-to-one mentoring to both staff and managers. Training comprised of 6 themes that provided a balanced focus on practice and behaviour</p>	<p>panel. Review of the existing IT system is planned.</p> <p>Progress around culture change is ongoing, and will need to be supported through ongoing training and mentoring. Quality assurance and performance management need to be embedded into the supervision process, with systems in place to support this. The service needs to ensure the upskilling of staff and promote skills transfer from experienced external and agency staff to ensure sustainability.</p>
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change.
The principles of the training included test and challenge of assumptions, use of real case examples to develop solutions; creating solutions through peer support and reflective practice.
Teams and staff were baselined at the start so that progress and achievements could be reviewed. The impact of the training was monitored through changes to skill, knowledge and confidence levels in practice, evidenced by improvements to documentation and recording.

Positive Risk Taking in Social Work/Risk Management

A one day training session, delivered by Jan Little, was undertaken by members of the Disability, CMHTs and Reablement Teams. The session focused on appropriately identifying, assessing, analysing and managing risk. It also considered the underpinning attitudes that influence how individuals define and deal with risk, whilst examining exemplar scenarios to discuss the approach they would take. The training covered a more balanced/less deficits-focused approach to risk management.

The team manager in the Disability Network Team has received positive feedback from the team and has

**Training to be rolled out to the remaining teams.
Continued encouragement from management to ensure process is embedded into practice.
Follow up half-day session, which will incorporate real life practice examples to realise the outcomes already achieved and build on progress.
Ensure learning outcomes are considered alongside developments to the Adult**

	<p>reported evidence of application in practice. The training was deemed less beneficial by CMHTs as their practice and paperwork already reflects this type of approach, however, did comment that the training offered a different way of thinking, and was a refreshing approach. CMHTs also suggested that Health colleagues (within the integrated CMHT) ought to be considered when further rolled out.</p>	<p>Social Work and Carers Assessments.</p>
<p>Demand Management</p>	<p>Review Information, Advice and Assistance at First Point of Contact NPT's Information, Advice and Assistance service is being reviewed corporately, led by Chief Executive's Directorate. The Gateway Manager is actively engaged in this review process and developing data collection and reporting mechanisms to inform the group.</p> <p>Ensure Resilience of the Gateway Improving the resilience of Gateway continued to be a priority. The appointment of a permanent manager has offered much needed consistency to the team. The Gateway Manager continues to work closely with the integrated HR Officer to effectively manage sickness within the team.</p> <p>Agree Vision for Multi-Disciplinary Triage and Implement/ Ensure Robust Link between Gateway and Rapid Services</p>	<p>Under the pathway to care work being undertaken, demand into Gateway will be reviewed and assurances made that reliable and meaningful data is available to baseline the current position and monitor improvements. Developments are underway in collaboration with the IAA work-stream to monitor the filtering and flow of calls into and out of the service.</p>

	<p>The Gateway Manager has continued to develop and recruit to the MDT. There are currently 2 part time Social Workers, a 3rd Sector Broker & a Community Occupational Therapist in place, and further work is planned to fully embed a Nurse and Rapid Response services to deal with same day/next day referrals.</p>	
<p>Performance and Business Systems</p>	<p>Performance Work has continued in the area of performance and business systems to improve access to and accuracy of performance information and to ensure the IT system in place is fit for purpose.</p> <p>A review of the existing system and dashboards by Peopletoo commended a ‘sound system’ but recommended areas for improved data capture, including individual/team productivity reports and enhanced incoming demand monitoring.</p> <p>The Adult Services Data Dashboard continues to be circulated monthly, and feedback has been considered, anomalies investigated and a concerted effort made to ensure accuracy and reliability. Business Support staff undertake monitoring exercises to ensure the information input is correct and timely, so as to best reflect performance.</p>	<p>An ongoing review of the Community Resource Services System will ensure accurate and reliable data is available for performance monitoring and service improvement purposes. An IT priority plan will be developed with the Head of Adult Services to ensure appropriate developments are undertaken. The Quality Performance Framework will be reviewed and further developed to provide a robust and meaningful resource to practitioners, managers and support staff alike. The newly introduced Strategic Funding panel will be</p>

	<p>Systems</p> <p>A proportion of the focus throughout the year sat with ensuring that Performance and Business processes and systems were able to meet the requirements of The Social Services and Wellbeing (Wales) Act 2014. Much progress has been made in this area, although there remains some additional work to finalise this and ensure full compliance.</p> <p>The Quality Performance Framework (QPF), an online Adult Services Resource, was launched in May 2015, and remains a work in progress. The QPF, once further developed, has the capacity to work as a very useful tool, in containing policies and procedures, help forums and performance information.</p> <p>There was a significant increase in the number of Deprivation of Liberty Safeguards (DOLS) through 2015/16 following a landmark Supreme Court ruling in Cheshire West. Prior to this, A DOLS system had been developed for data collection, which has been further developed/refined throughout the year. The system mirrors the Welsh Government reporting requirements, allows data and reports to be extracted, calculates</p>	<p>monitored to ensure that any improvements to processes and systems to better monitor the spending flow are introduced as necessary.</p>
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	<p>timescales and allows for monitoring and notification of progress.</p>	
<p>Alternative Models of Provision</p>	<p>Older Persons Day Services/Day Opportunities On 24th November 2015 the Director of Social Services, Health and Housing led an all staff meeting to present the proposed remodelling of Day Services. Following Cabinet Approval on 26th November a 45 day staff and 90 day public consultation was launched on 3rd December. This was supported by a robust and widespread communications and engagement strategy. The background to this considered the over-provision of traditional services and paid support that had created a culture of reliance on services and lessened independence. It was developed in line with the Social Services and Well-being (Wales) Act 2014, which promotes the consideration of all available support, including family and community networks. The proposed remodelling sought to improve services by enhancing choice and control, and enabling the provision of a Direct Payment in order for an individual to purchase their own support or use it to access the Authority's Direct Services. The remodelling proposed a move from traditional, building based services to an integrated community service model, which would be supported by a team of peripatetic staff who would help to connect service users to their communities. The consultation</p>	<p>Discuss crossover between LAC and CCTs and potential for amalgamation into one service. Meetings with staff, carers and service users on the outcome of Cabinet's decision. Progress work as per Cabinet decision. Identify who could be supported to leave on ERVR if model is approved. Agree timeline and coordinate assessment process with Social Work teams. Coordinate outcome of Cabinet decision with colleagues in Transport/Estates.</p>

ceased on 13th March 2016, and following this responses were collated to contribute to the final Options Paper to be presented to Cabinet for approval.

Community Meals

In March 2015, the Council's Community Meals Service transferred from the Environment Directorate to Social Services, Health and Housing. Through the year, the number of recipients declined dramatically, and a review of the the service deemed it financially unviable to maintain long term. Approval was granted by SCHHCB on 17th December 2016 to cease the operation of the service and develop alternative arrangements where existing customers could be signposted, and complete early termination of the Apetito contract. Following this, a task and finish group was established to orchestrate the movement of exiting recipients onto alternative arrangements, either with or without the support of Social Services at their discretion. Contact was made with every recipient, and confirmation of understanding, decision and support required was obtained.

Gelligron

Following SCHHCB agreement in February 2015 to decommission Gelligron Residential Unit, there was a delay in transferring some residents to alternative accommodation. The unit was closed in December 2015.

	<p>Older Persons Respite Cabinet approved a remodel on 10th September 2015, to incorporate regular short break service reviews.</p> <p>Domiciliary Care/Alternative Delivery Models The Homecare Management Team has been enhanced throughout 2015/16 following the appointment of a new Registered Manager, Business and Finance Manager, Deputy Manager, Quality Assurance Manager and embedded HR Officer. The team have worked tirelessly to improve efficiencies in the service and tackle issues around capacity utilisation, staff compliance and rotas and contracted hours, with the support of Trade Unions. A Performance Framework was developed to track progress and identify areas of challenge and concern. On 24th February 2016, Cabinet approved Option 2 of the Alternative Service Delivery for Adults' Social Services, allowing for the development of an in-house business unit.</p>	<p>The form, function and structure of the in-house business unit to be agreed and implemented, as well as a series of fiscal tests. Efficiency improvements will continue to be a priority. Developing close links with the Direct Payments team to enhance the capacity utilisation and responsiveness of the service through mobilisation of a pool of Personal Assistant , to reduce blockages through brokerage.</p>
<p>Integration</p>	<p>Community Resource Team (CRT) The Intake Reablement Model went live in October 2015, and referrals through Reablement have increased as a result. The purpose of this model is to ensure as much preventative input at the start to promote independence, reducing the need for long term care, and ensuring the right sizing of any ongoing packages of care.</p>	

	<p>Community Networks</p> <p>The Afan Network, as well as being the site for the Outcomes pilot, have also acted as an early adopter of Anticipatory Care Planning, which aims to proactively manage vulnerable patients with complex care needs who are at risk of losing their independence. This can be achieved by avoiding unnecessary admission to hospital or long term care settings in order to achieve sustainable and more efficient community services. At last update, from a cohort of 34 patients, of whom 21 were risked as 'red', none have been admitted to care homes or had emergency admissions to hospital. Roll out across all GP practices in the area has been achieved for the Afan Network.</p>	<p>The pathway to care work being undertaken will improve the coordination of cases and flow between teams, supported by the agreement of a robust entry criteria for each team. Consideration is being afforded to next roll out phase of Anticipatory Care Planning across NPT.</p>
<p>Direct Payments</p>	<p>Implement Direct Payments Action Plan</p> <p>During 2015/16 a detailed action plan towards improving the uptake and provision of Direct Payments was implemented. The focus at the early stages was on promotion at the earliest opportunity, which highlighted the requirement for thorough knowledge and positive engagement via the Reablement Service.</p> <p>The focus of the original plan was shifted towards the end of the year to the creation of an in-house support service, and the development required to mobilise this. In</p>	<p>Ongoing recruitment to and development of the Direct Payments Team.</p> <p>Launch of Direct Payments Website.</p> <p>Review of processes and identification of critical path.</p> <p>Ongoing PA recruitment.</p> <p>Development of IT Systems</p>

November 2015, Paul Davies commenced with NPT, with his initial focus on supporting the development of the in-house service.

The main obstacles for the team were around reducing the timescales for setting up a Direct Payment and targeting the negative culture associated with it. A mandatory training programme 'Outcomes of Direct Payments' was developed and delivered by Gower College Swansea and Paul Davies, which aimed to enhance the knowledge and promotion skills of front-line staff (including health colleagues).

Alongside improving internal knowledge, it was recognised that public awareness needed heightening, and a Communications strategy was put in place to address this. This included a poster campaign, press release, positive case studies and targeted mailshots. A parallel campaign was launched to increase awareness and interest in the Personal Assistant (PA) role, with a view to building up a bank of work-ready PAs to expedite the matching process.

Undertake a Review to Ensure Tighter Financial Management of Direct Payments

Finance colleagues have been critical members of the project group and advancements have been made in acquiring a pre-paid card system which will allow for better financial management and enhance the time taken

and Performance Measures.

Progress with implementation of pre-paid card system.

	to set up a Direct Payment.	
Commissioning	<p>Change of Practice Following Staff Restructure/Development of Market Management Strategies/Modernisation of Commissioning and Procurement</p> <p>The management of change in relation to the Common Commissioning Unit (CCU) was completed, and staff launch took place on 20th July 2015. Vacant posts were appointed to throughout the year. Following the departure of Claire Marchant, Head of Community Care in October 2015, Angela Thomas, Head of Business Strategy & Public Protection took over responsibility for the CCU. The service has since been renamed Commissioning and Support Services. Following the departure of the Principal Officer for Commissioning, Peter Oakeshott has taken over direct management of the team on an interim basis.</p>	<p>The structure of the team is to be reviewed. Closer links with operational teams are being established to ensure the commissioning process and arrangements are fit for purpose.</p>
Crosscutting Themes	<p>Transport</p> <p>Transport was realigned under the Modernising Day Opportunities work-stream during the year.</p> <p>Equalities</p> <p>Equality Impact Assessment (EIA) training was provided to those staff with report writing responsibility. The</p>	<p>Ongoing</p>

	<p>Obtaining Safe and Legal Decisions training provided by the Chief Executives Office also reiterated the importance of the EIA screening process.</p> <p>Prioritisation of Assessment and Review The prioritisation of assessment and review was a crucial theme under the Cultural Change training provided by Peopletoo and now forms part of the Pathway for Care process.</p> <p>HR/MOC/TU Human Resources and Trade Unions continue to be consulted on areas relating to the Programme. There are two HR Officers embedded within Adult Services; one based with the Social Work Teams, and one within Homecare.</p> <p>Communication and Engagement Key messages surrounding the programme continue to be communicated internally and externally in line with the Communication and Engagement Plan.</p> <p>Risk Management The risk register was routinely revised and updated to effectively monitor risk. Key risks are addressed with the Director at the monthly highlight meetings.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
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3 Forward Financial Plan

The total efficiency savings for 2015/16 have been achieved (see below). The main risk to this throughout the financial year 2015/16 sat with the project to right size existing packages of care (Pathways to Independence), due to a reduction in capacity and pace in the early part of the financial year. However, the savings gap was offset by lower than forecast demand. The Tactical Panel process under the Adult Social Care Modernisation project will drive forward work around right sizing, as well as embedding this as good practice across teams. It will also allow for better monitoring of the cash flow throughout the financial year 2016/17 and provide a practical, up to date picture relating to spend.

Project	SSHH Ref	15/16 FFP target (£k)	15/16 savings (£k)	Comments
<i>Homecare Efficiency:</i>				
Reduce sickness absence, increase productivity, reduce staff costs	516	338	551	Although 551k of savings were generated in homecare, they provided 20k less hours. If these were picked up externally there is an additional cost of £276k
<i>Modernising Day Services</i>				
Reduce staff costs and generate income	605	487	604	
Reduce transport costs	545	115	111	
Reduce underutilised capacity and reduce premises less: provision costs	553	100	100	
Reduce expenditure on meals on wheels & increase income	518	200	110	
<i>PTI and Right Sizing Care Packages:</i>				
PTI and high cost DP	551	1,167	1,089	Savings from LD, MH & DP placement budgets not necessarily all attributable to PTI and right sizing
<i>SW Productivity:</i>				
Review Social Work workforce to operate as efficiently as possible	543	208	501	
Total		2,615	3,066	

4 Key risks

The key risks for the programme are as follows:

- Ensuring delivery of challenging 2016/17 FFP targets.
- Commitment to the cultural change required to deliver the practice improvement, and changes to performance management and systems.
- Maintaining high standards of operational delivery throughout the change.
- Programme stability, capacity and pace required to deliver savings.

5 Key priorities for the next year

The key priorities over the next year are as follows:

- Delivery of all elements of the Programme by all contributory project groups.
- Ongoing support to cultural change required to deliver elements of the Programme, including skills transfer from external support to in-house staff.
- Ensuring all project leads and operational staff are aware of the expectations on them, financial targets and associated timescales.
- Ensure a robust communication strategy is employed to promote progress and good practice across the service.

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