

BUSINESS CASE DOCUMENT

Programme:	Adults Social Care and Health
Project:	Customer Journey
Workstream:	Personalised Support

Purpose of Business Case

- Birmingham's citizens who will receive timely care and support by a skilled multi-disciplinary constituency based team.
- To build a high quality community service based on evidence and best practice including three conversations social work model and improving the outcomes for adults.
- To deliver a practice and behavioural shift which will focus on outcomes and will subsequently deliver savings across the system.
- Deliver considerable efficiency through the implementation of stream lined practice and process within the three conversation model; reducing waiting times for service, reliance on packages of care, increased crisis support and reduced assessment process.
- To build an efficient and lean customer journey which improves the satisfaction and experience of Adults that can both meet care and support needs whilst increasing independence and building on strengths.

Key Work-stream/Project/Programme Owners

Name	Project/Organisation Role
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1.0 Executive Summary

- 1.1 The goals that Birmingham Council are seeking to achieve for adults and older people are that they should be resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing. It is essential to recognise that in order to support people to achieve these goals, the Council has broad responsibility across a range of areas and it is a corporate responsibility to achieve them.
- 1.2 For people to live independently and safely there needs to be a wide range of community assets which the Council should ensure are in place. This should be alongside excellent information and guidance for citizens that is able to facilitate access to support, as well as be able to exercise choice and control when navigating care and support. Where it is identified that a person is not able to live independently following exploration of support networks and community groups, timely and skilled professional support is needed. This includes an element of person centred planning and tailored conversations to identify and plan how to meet needs and identify short-term support. Additionally, the Council must ensure that the most vulnerable people feel safe and have speedy access to support that will safeguard their health and wellbeing.
- 1.3 Most adults and older people can enjoy access to mainstream services independently or with help and support from their families, friends and social groups. However, for some citizens this is only possible with support from Adult Social Care services and from other public sector agencies such as health services. On the whole, people want to lead happy, fulfilled lives; in touch with their families, friends and communities. They cherish their independence and prefer to live at home or in the community with support if necessary. The vast amount of people do not want to be dependent on others but will accept one-off support or ongoing support if it helps them to maintain their independence.
- 1.4 Birmingham will continue to face considerable challenges as reductions in public spending have to be managed; whilst at the same time the forecast rising demand for care and support is likely to generate significant pressures. The Long Term Financial Plan for the Council reduces the staffing budget in Adult Social Care by the equivalent of 148 full-time equivalent posts from 2019/20. To achieve a budget reduction of this order, considerable transformation needs to take place to fundamentally change the way Social Care is delivered.
- 1.5 The desired outcomes for adults and older people in Birmingham are that they should be resilient, live independently whenever possible, and exercise choice and control so they can live good quality lives and enjoy good health and wellbeing. The Customer Journey Business Case seeks to build a Social Care Service based on the Community model to deliver these outcomes.
- 1.6 Historically adult social care in Birmingham has been based upon a traditional “assess for service” model which has resulted in a higher proportion of adults in receipt of services when compared to regional neighbours. Care and support has been provided by services rather than prevention and promotion of an individual’s strengths. Services also tend to be traditional due to lack of real alternatives available across the City. Our aim is to provide a more flexible and personal approach to adult social care services. By putting the individual at the heart of everything, people will be helped to develop their personal support network of trusted people, places and services, allowing more choice and control over their care and support. We will provide accessible information about the

opportunities available and support people to identify what is best for them. The Three Conversations model is a key part of our community model and is changing the way our Social Workers practice. We now need to ensure the organisation built around Social Work, including our operational management, processes, design and workforce supports this new way of working.

- 1.7 This paper defines people as those of all ages, but the focus is on those with eligible social care needs. This will include people with learning disability, Autism, older adults, people with mental health problems, physical disabilities. An underlying principle for Adult Social Care is that services are co-produced with users and carers as they are directly impacted by services and have first-hand experience of what works well and what doesn't. The focus will be to work with people to drive the future direction of services.
- 1.8 Community engagement and working close to the person is a key principle underlying the community model and drove the reorganisation of the Social Work service in March 2018. The constituency model implementation has seen the creation of 10 locality teams working to build multi-disciplinary teams as part of the developing Network Neighbourhood Schemes, newly commissioned as part of the Adult Social Care Prevention Strategy. The next phase of the work has two key elements: to continue to align Adult Social Care in this way, and to ensure that services are as efficient as possible to ensure that the maximum resource is invested in front-line services. Essentially, create capacity for Social Workers to Social Work.
- 1.9 Therefore, with this in mind, this paper sets out the proposed outline shape of Adult Social Care within the Community Model and the implementation plan proposed to take forward the work in line with the Prevention Strategy approved by Cabinet in December 2017 and the Assessment and Support Planning Service Redesign Business Case 2017/18.

2.0 Fundamental Shift in Practice

- 2.1 In summary, this business case seeks to support Adult Social Care achieve the fundamental shift in practice through the Community Development Model and to foster new behaviour with the following new ways of working to enable implementation of the Adult Social Care Vision (October 2017):

Table 1 – Fundamental Shift in Practice

From....	To...
1. Doing things for people, helping people	Enabling people to do things for themselves or as independently as possible
2. See the person as an individual in isolation	An emphasis on family, friends and circles of support
3. Highlight what a person cannot do	Focus on ability, skills and strengths
4. Undertaking assessments for services or for standard solutions	A conversation which provides an in-depth understanding of the person
5. Arranging support provided by or managed by the Council	Use of creative home first and family first solutions including peer led solutions, community support and voluntary sector services.
6. Buying placements and large amounts of institutional care for people with long term conditions	Community and home support that is flexible and adaptable for when it is needed.
7. Buying hours or staffing levels	Planning for support that focusses on wellbeing, outcomes, aspirations, potential and improvement.
8. Working through processes – assessment, review, safeguarding	Timely interventions, ability to work intensively, impact driven practice
9. Focus on social care need assessment	Building partnership around the individual to address root causes of problems
10. Commissioning providers	Market shaping to develop vibrant support in the city that is resilient and includes alternative delivery models such as microenterprise and peer led support.

3.0 Resident Experience

- 3.1 Adult Social Care regularly reviews and works to respond to feedback from citizens, services users and carers. We know from our compliments and the results of the 2018 Service User survey that there are many citizens who feel safer following support from Adult Social Care and who value the support they receive. The Council has improved in the results from the Service User survey from 2017 to this year. However, we know from recent service reviews and complaints that there is further work to do.
- 3.2 A Carers survey completed in 2017 demonstrated that Birmingham's performance against main ASCOF (Adult Social Care Outcomes framework) measures was worse than

average. Overall Birmingham seemed to be engaging with its carers less than elsewhere. This resulted in a smaller proportion of carers feeling engaged or having access to the right information. Consequently, below average satisfaction and higher levels of social isolation were noted. There has been work undertaken to improve this service and this model will further build on this work to improve outcomes for carers.

- 3.3 In October 2017, the Health and Social Care system undertook a review of the rehab, recovery and reablement services and outcomes. Whilst other work is impacting directly on the Enablement Service itself, we learnt from this work that in Adult Social Care we have an over-reliance on institutional forms of care and can do more to support people to stay at home or return home following a stay in hospital. Given the high volume of referrals received in Adult Social Care, it often seems as if there is not the capacity to support people when it is asked for or to provide intensive and timely support. Rethinking the way we use our resources is key to the customer journey workstream.
- 3.4 In February 2018, Adult Social Care reviewed the Day Opportunities support available to people and the approach to person centred support. This work involved feedback from service users and carers. The review found that Social Work in the City varies, but an emerging theme was that people felt that there is not the time in the support planning process to support a person's aspirations and goals, and to look at alternatives to traditional care. Think Local Act Personal (TLAP) supported Birmingham with workforce development on Direct Payments. Feedback to Adult Social Care was that some of the style, processes and systems got in the way of Social Workers facilitating choice and control. Central to the Customer Journey work therefore is to ensure that the workforce configuration has capacity for person centred planning, particularly for Adults with Disabilities through their life-course. The work will also remove any processes that are no longer fit for purpose and that creates unintended barriers to good practice.
- 3.5 Learning from the work above, and an analysis of Complaints, the following table outlines the key changes to citizen experience that Adult Social Care seeks to achieve through this work:

Table 2 – Citizen Experience

Current	Future
Waiting too long at each stage	7 day working and 24/7 access
Little support at times of crisis	Capacity to support when it is needed
Not being able to get to the right person	Self-service where possible and clear access in constituency teams
High expectations and high dependency	Focus on ability and how community resources provide majority of support
Not knowing what to expect from assessment	Through information, advice and guidance and structured three conversations, clarity on rights, responsibility and options.

4.0 Strategic Case

4.1 Care Act 2014

4.1.1 The Care Act 2014 drives the focus and aim of Adult Social Care and is the legal framework that underpins the way in which we operate. To meet the requirements of the Care Act, the council must:

- Assess for Care and Support Needs and through Assessment ensure that this is fair and clear to the citizen.
- Focus on wellbeing: physical, mental and emotional. This is for both the person needing care and their carer
- Prevent and delay of the need for care and support through enablement, Intermediate Care, Information, Advice and Guidance and early help.
- Ensure people are in control of their care

4.1.2 The Care Act sets out the assessment of care and support needs must include:

- Focus on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve
- Involve the person in the assessment and, where appropriate, their carer or someone else they nominate
- Consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support)
- Be clear on likely eligibility for funded care, the cost of care and financial options for paying for care.

4.1.3 As Adult Social Care moves from Care Management to Community Development, and develops the Three Conversations Model as the process to replace assessment, the Customer Journey work will ensure the organisational processes maintain compliance with the Care Act, as well as ensuring the right workforce balance, skills mix and development to work in way that is personalised and outcome focused.

4.2 Making Safeguarding Personal

4.2.1 The Care Act places a duty on the Local Authority to lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens. Adult Social Care must have effective processes and systems that enables the service to respond in a timely and appropriate way. Management of work must be robust with sound decision-making.

4.2.2 As well as the Statutory Duty placed on Adult Social Care to Safeguard Adults with Care and Support Needs, Making Safeguarding Personal is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

4.2.3 Making Safeguarding Personal seeks to achieve:

- A personalised approach that enables safeguarding to be done with, not to, people
 - Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
 - An approach that utilises social work skills rather than just 'putting people through a process'
 - An approach that enables practitioners, families, teams to know what difference has been made
- 4.2.4 Adult Social Care achieves good performance in Adult Safeguarding measured through the Service User Survey. The findings demonstrate that citizens generally feel safer after receiving care and support. The number of referrals to Birmingham City Council continues to rise and there is increasing pressure to respond quickly to prevent abuse from occurring or to prevent escalation to formal process where early help could have supported the person better. In 2018, performance in recording outcomes within Safeguarding Enquires improved with a focus on making safeguarding personal. It is important that continued improvement remains our goal.
- 4.2.5 The Customer Journey work will therefore seek to ensure that Adult Social Care has sufficient capacity to discharge its statutory duties to Safeguard. By putting the Adult at the heart of the service process redesign, with a focus on improvement of the person's circumstances as they define it, it will deliver a more timely and effective response.

4.3 Adult Social Care and Health Vision

Consistent with the Birmingham Adult Social Care Vision and Strategy (October 2017), the following principles will guide the development of the Customer Journey approach to delivery of the community model:

4.3.1 Information, advice and guidance

- 4.3.2 People need easy access to high quality information, advice and guidance and whenever possible and appropriate, they need to be able to self-serve or their carers and families need to be able to do so on their behalf. This approach allows people to maintain control and to exercise choice at whatever point they are at in their lives. Further, it helps the Council to use its resources more effectively.
- 4.3.3 Building on this, it is essential that when people contact adult social care, they are given a positive response and support to help resolve the issues they face by emphasising what people can do for themselves, what support is available from other organisations and what support is available in the community. The aim is to divert people to appropriate support other than formal care which fosters dependency. Adults with assessed eligible need for care and support and carers need to have access to good information and advice about the market and to be able to choose from suppliers in the knowledge that services are safe and of a stated quality. Adults must be informed about the potential cost of their care, the process of financial assessment, payment of care and be supported to make decisions based on this information.
- 4.3.4 In order to deliver this element of the strategy, it will be essential that information is freely available through a range of channels which includes quality web based services that

provides people and their carers information on the range of options in the community and the range of support options that can be supported through direct payments. Social Care staff will be expert in providing information and advice on day opportunities where a person or their carer requires additional support.

4.4 Personalised support

- 4.4.1 People require and respond better to personalised services. The approach that works most effectively always puts users and carers at the centre and builds support round them rather than fitting people into rigid services. Essentially, there needs to be a strength-based approach to assessing people's needs; building on the assets people, their families, friends and communities can offer to support them. Further, Direct Payments are promoted and offered as a support option because they maximise the opportunity for people to exercise choice and control.
- 4.4.2 In order to deliver this element of the strategy, there will be a reorganisation of the customer journey to ensure the citizen is at the centre of every process and unnecessary process is stripped away. To achieve this, the Council will review the current internal Adult Social Care Process for assessing and providing for care and support needs.
- 4.4.3 The Council recognises that services need to take a life course approach and recognise that the needs and aspirations change at different points in a person's life, and that there are certain times when greater or different types of support is needed. However, an important principle in taking a personalised approach is that no assumptions are made about the support or opportunities that are relevant to people because of age.

4.5 Community assets

- 4.5.1 Community assets are the wide network of services which range from very small, very local services provided by volunteers through to faith groups and community groups, national charities and private companies and businesses. They are all part of the wide network of community assets which provide choice and enable people to engage with others in activities they enjoy and which add meaning to their lives.
- 4.5.2 People need to be able to access a wide range of community assets which are local, flexible and responsive. Through being able to access these resources people can continue to enjoy good quality lives while maximising their independence.
- 4.5.3 While the use of community assets is part of a broader approach to prevention, these assets are important for the quality of people's lives whatever period of life they are in. Some people may volunteer and be part of the provision of them while others may use them once in a while but still see them as a key part of being part of a wider community and others will make good use of them.
- 4.5.4 In order to deliver this element of the strategy, the constituency and community model will be expanded so that all social care operations has a locality focus which will in turn allow for greater integration with health and voluntary sector services. Network Neighbourhoods will continue to grow and develop to drive a shift in investment to a local range of support that enables people to remain in the community.

4.6 Prevention and early intervention

- 4.6.1 People need to be able to access prevention and early intervention services quickly and at any time in their lives. Personal support will help people to maximise their independence throughout their lives and as people's needs change, services will adapt, change and develop. It is important too that organisations in the public sector and in the third sector are joined up in their approaches and maximise the available resources. Through making every contact count, timely access will take place and support will seek to maximise the skills and abilities of people to enhance the quality of their lives. By providing support and reassurance when this is needed and a constant focus on development of skills, the aim is that crisis will be prevented.
- 4.6.2 In order to deliver this element of the strategy, a thoroughgoing approach to prevention needs to be developed and implemented. This will involve the link to community assets to ensure that people with lower level needs are not left until they develop acute needs, but it will also involve a greater focus on employment and daily living skills that enable people to stay well, healthy and independent wherever possible.

4.7 Partnership working

- 4.7.1 People's needs are often complex and require support and interventions from a range of organisations, as well as different services within the Council. Services need to be integrated and built on partnership working utilising existing community assets of all partners. This will require a drive to ensure all facilities and services in the City are accessible to people with support needs and/or disabilities, including provision for delivery of personal care, safe spaces for vulnerable adults, and for organisations to consider how activities are adapted to include people.
- 4.7.2 A consistent message from people is that we are not joined up with other service providers such as health. Our aspiration is to have an efficient and effective health and care system that supports the needs of anyone wishing to access services while stimulating a vibrant and innovative variety of care and support options. This will enable us to meet the personalisation agenda so that people can plan and take control, bringing in services which meet the outcomes important to them. To ensure this takes place the Customer Journey must be both lean and efficient, but have multi-agency processes embedded throughout.

5.0 Management Case

5.1 Programme Structure

- 5.1.1 Customer Journey is one of the workstreams which sits within the Personalised Support project. It is one of a number of projects which sits within the Adults Social Care and Health (ASCH) Programme 2017-2021. The over-arching ASCH programme of work is aimed at implementing the ASCH vision and strategy, and interfaces with the Directorate Business Planning process via the Directorate Improvement and Business Plan 2017 – 2021.
- 5.1.2 Within the Customer Journey work there are a number of key interfaces including the Early Intervention pilot with Health and the Aging Well strategy. The Early Intervention pilot with Health and the Aging Well strategy are focussed on older adults and while there

is some overlap and dependencies within this work, the Customer Journey is looking at the processes, systems and workforce within the whole of Adult Social Care and Health.

5.2 Scope of Services

5.2.1 The Adult Social Care and Health Directorate includes

- Commissioning
- Specialist Care Service
- Public Health
- Assessment and Support Planning

5.2.2 Specialist Care Services includes Day Services, Care Centres, Enablement, Occupational Therapy, Transport, Funerals and Protection of Property, and Shared Lives. These services are in scope but with the following service development considerations:

- Day Opportunity Strategy
- Enablement Business Case
- Shared Lives Strategy
- Early Intervention Project (Integration with Health)

5.2.3 It is intended that the Customer Journey will impact on the organisational management of these services, the place based delivery of these services through the further development of the Community Development model and particularly on the role that therapy-led and Enablement approaches have across the service.

5.2.4 The Assessment and Support Planning function is responsible for undertaking the statutory requirement of assessing the needs of citizens as per the legal requirements of the Care Act 2014. These services include Social Work, ACAP, Client Financial Services, Training and Development, Quality and Assurance, Adult Safeguarding. These services are in scope of the Customer Journey Work. Hospital Social Work and Social Work support to EAB are out of scope as they are part of the Early Intervention Project.

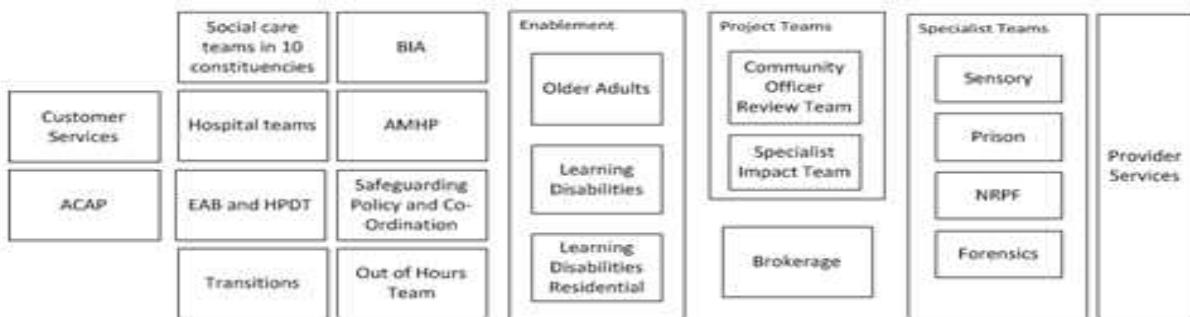
5.2.5 Current Organisation of Service

5.2.6 In March 2018, Social Work teams were reorganised into ten Constituency Teams. The social Work Delivery and Workforce Teams were merged. The Adult Learning Disability Teams moved from a city-wide service to the constituency model. The Mental Health Social Work teams are currently being reviewed to work within the constituency model.

5.2.7 Table three below sets out the current organisational design.

Table Three

Current Organisational Design



5.2.8 The aim of the move to the Community Development Model and Constituency based working was to respond positively to the peer review of Adult Social Care in February 2017 which made recommendations for strengthening and improving the assessment and support planning function in order to meet the challenges ahead:

- Having consistent practice in the process for agreeing personal budgets
- Having a stronger focus with regard to complying with the Care Act duty around promoting wellbeing
- Reviewing the approach to managing risk and reliance on institutional care
- Recommendation to upscale and maximise the potential offered by an asset based approach with the voluntary and community sector to transform our traditional Social Work model

5.2.9 The Customer Journey work will complete the implementation of the Community Development Model, and specifically will:

- Ensure timely access and response with as much contact taking place in constituency teams as possible
- Ensure the service can take a life-course approach to disability, manage service transitions successfully from both Children to Adult Services, Health and Adult Services and ensure best practice for those with the most complex needs as set out in the Transforming Care Programme (Building the Right Support, October 2015) and Named Social Worker (Social Care Institute for Excellence). This will include support that can adapt and change and can respond to those with Learning Disability Aging.
- Deliver Specialist functions in an effective way, in partnership with others, and ensuring equality for those with particular needs.
- Review the workforce, capacity, roles, skills mix and career pathways to deliver the community model

5.3 Community Development Model

5.3.1 Adult Social Care has been progressing to implement the Community Development model as set out in the Customer Journey Cabinet Paper. The core elements of the model are:

- Three Conversations Social Work practice
- Family Group Conferencing
- Community Development Work
- Constituency based working

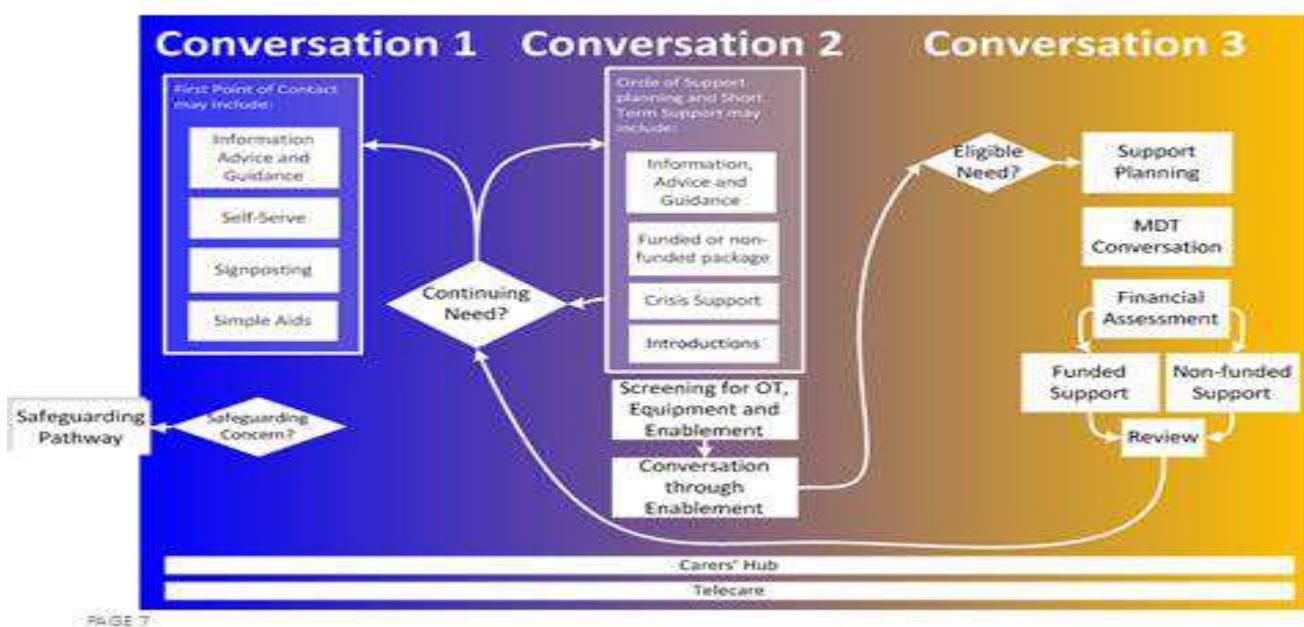
5.3.2 The key to delivering a shift in practice is the roll-out of the Three Conversations Model which Birmingham is receiving support from Partners for Change. Partners for Change have worked with 27 Local Authorities to implement this way of working successfully. Learning from their experience will ensure that Birmingham will deliver the change successfully. The core elements of the change will mean:

- Workers will see through work to completion meaning less hand-offs and continuity for the service user
- Processes will be reduced including within the referral, allocation and contact systems. This will reduce waiting time and provide efficiencies.
- Increased collaboration with Service Users, Carers, partners and the community meaning that services are not seen as solutions
- Time to spend when crisis occurs and a focus on what things need to change. This will enable resilience and sustainability for citizens.

5.3.3 Three Conversations would typically take three-years to implement in a City the size of Birmingham to ensure that practice change is safe and embedded. The work takes place by rolling out on a team by team basis and implementation began in March 2018. A plan to implement with rapid improvement has been developed which will take full city-wide implementation in Social Work to September 2019. Alongside this, work will need to take place to shift the way that Commissioning and brokerage processes operate to support the new way of working and this is in scope of the Customer Journey Work. To enable change at this pace, the Customer Journey Work must ensure the shape of the workforce is fit for this and that roles are reviewed and developed in line with the new model. To ensure that Social Work time is released for Social Work, the Customer Journey work will review all organisational processes with lean methodology.

5.3.4 The Three Conversations Model is mapped against core Social Care processes within the Care Act 2014 in Diagram 1. The Customer Journey work will shape the organisation processes and then form to ensure efficient delivery against this model.

Diagram 1
Three Conversations Model



5.4 Social Care Record and Project Eclipse

5.4.1 The Council is in the second phase of the replacement to CareFirst. The project to replace the Adult Social Care record (following successful completion of the Childrens Project) commences in September 2018 and completes in September 2019. This work will support the Customer Journey is releasing time for Social Work and removing time consuming processes.

5.5 Building a One Council approach

5.5.1 A core aspect of the Council Plan for 2018 is to ensure a one Council approach and to focus delivery on the Citizen to improve their experience, at the same time as consolidating functions to ensure best value through efficient service provision. Adult Social Care will therefore work alongside Customer Services to ensure that the Customer Journey pathway through Adults is as efficient as possible and simple to citizens. This will include a review of telephony and customer service technology, making best use of the Brum Account for Adults, testing the delivery of Information, Advice and Guidance, self-service, and ensuring full use is made of the Customer Service centre to support Adult Social Care enquiries.

5.6 Staff Experience and Feedback

5.6.1 The Customer Journey work will be lead and developed through staff engagement and new processes will be developed through staff practice led workshops. Feedback from staff to date has identified the following drivers for change:

- Multiple Hand-offs between people within and between teams when working through Adult Social Care processes
- Gaps and duplication in particular processes linked to buying care
- Excessive time spent by Social Workers and Senior Practitioners on administrative duties in CareFirst.

- Problems escalating for service users or carers that have arisen as there isn't time to progress work with them.
- Over time tasks have been added by others that have increased reporting and recording requirements away from what is needed for good social care practice.
- There is too much focus on assessment and not enough focus on supporting people

5.6.2 The aim of the Customer Journey work is to create staff capacity and time by removing processes and ensuring the organisation function drives Social Work and Social Care, not practice being driven by systems and processes.

5.7 Performance and Activity

5.7.1 Performance in Adult Social Care has improved from 2017/18 to 2018/19, but it is crucial to maintain some key areas of good performance and take continued action to improve key ASCOF (Adult Social Care Outcomes Framework) indicators to ensure good outcomes for Residents.

5.7.2 The aim of the Customer Journey work alongside implementation of the Community Development Model is to reduce the time taken to receive support and to increase the impact of this support through personalisation. Therefore, the key performance areas where we expect to see improvement are:

Measure	Current Performance
Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	88%
Proportion of people who use services who report control over their daily life	78.3%
Proportion of people using social care who receive self-directed support, and those receiving direct payments	26%
Proportion of people who use services and carers, who reported that they had as much social contact as they would like.	46.5%
Long-term support needs met by admission to residential and nursing care homes	31.3%
Proportion of people who use services and carers who find it easy to find information about support services or benefits	74.5%
Proportion of people who use services who say that those services have made them feel safe and secure	90.1%

5.7.3 Adult Social Care in Birmingham is faced with more demand and activity than before. Referrals to the service, the number of Assessments undertaken, the number of contacts

concerning Safeguarding and the number of adults discharged from Hospital have all increased. Table 4 demonstrates the current demand for Social Care, setting out the number of assessments each month. The current service access point is ACAP which currently supports an average of 8,000 people a month making contact with Adult Social Care. This is 60% of those contacting the Council. The current process is advice, information and guidance will be provided via ACAP and then if there are outstanding needs, those citizens will be allocated to teams for assessment, which may vary in their type, length and outcome.

Table 4 – Average Monthly assessments completed (2017)

Assessment Type	Total
Complex Assessment	1,075
Standard Assessment	1,042
Carers	115
Contact Assessment	1,598
MHA Assessment	332
OT	933
Reviews	1,194
Safeguarding	1,377
Support Plan	886
TOTAL	8552

Table 5 demonstrates the new services started on average in a week.

Table 5 – Service Demand in a typical month

Type of Service	Average New Services Started Per Week in 2017
Day Care	8
Direct Payments	20
Enablement	84
EAB and Interim Care	20
Home Support	92
Nursing	20
Residential	38
All Services	282

- 5.7.4 Evidence from Local Authorities who have developed the Three Conversations Model and Community model type services, is that there is a considerable reduction in the amount of assessments undertaken and an increase in the number of people supported through their communities. The Day Opportunity Strategy for Adult Social Care and the Enablement Business Case, both agreed by Cabinet in July 2018, both expect to see a decrease in formal care settings, and an increase in short-term enablement services, an increase in Direct Payments, and greater numbers of people supported to access employment.

5.8 Objectives, Outcomes and Deliverables

5.8.1 The key objective is to ensure that the service offer to citizens is efficient and enables citizens to receive support in a timely way whilst delivering support that wherever possible maximises independence for the citizens of Birmingham.

5.8.2 This will be achieved by:

- Birmingham will have a citizen focussed social care service that is strengths based, proportionate and community facing.
- The citizens of Birmingham who contact the service will receive an immediate response and will be provided with good quality advice and information at an early stage.
- Birmingham will support the development of productive, innovative and resilient communities which will enable citizens to become active participants in their local area.
- Birmingham will build a high quality service, based on evidence and best practice improving the outcomes for citizens. A practice and behavioural shift will take place which will focus on outcomes and will subsequently deliver savings across the system.
- The citizen will be empowered as much as possible to make decisions from the first point of contact. The systems and processes within the current system will be streamlined, reducing delays and handoffs within the customer journey.
- Birmingham will adopt a right person, right time, right place approach to citizens with multi-disciplinary teams working closely with partners in the community to meet the desired outcomes of citizens.

6.0 Key deliverables

6.1 The outcomes expected from the business case are:

- Achieving increased capacity levels due to a more efficient business model and business process releasing time for Social Care
- Delivering better outcomes for citizens arising from a timelier intervention with less hand-offs, and increased independence and control
- Maintaining an absolute focus on safeguarding for our most vulnerable residents by ensuring intervention enables change for the person by paying attention to what makes a difference.
- Reducing reliance on care packages and services sizes

7.0 Financial Case.

7.1 The Long Term Financial Plan for the Council agreed by Cabinet in February 2018 sets out the following budget for Adult Social Care. Clearly this sees considerable reduction on spend in Adult Social Care and a requirement to change the way services are delivered to reduce cost.

Table 6 – Adult Social Care Budget LTFP:

	2018/19 £000	2019/20 £000	2020/21 £000
Adult Packages of Care	196,770	197,728	197,728
Assessment & Support Planning	36,598	36,086	34,148
Specialist Care Services	31,280	28,972	29,378

- 7.2 Adult Social Care is a people service and therefore the majority of cost is within staffing. Any planned reduction in spend therefore can only be met by reducing staffing. The breakdown of where staffing spend is shown in table 7. The proposed workforce changes reduce workforce costs. The savings target has been bought forward and Adult Social Care & Health need to deliver this in 2019/20. This is equivalent to 148 full-time equivalent staff (using GR4 mid-points) and is around £6m savings on the staffing budget.
- 7.3 Birmingham City Council expects to see a 30% reduction in assessment for Social Care over a two-year period as the Community Development model supported by the Customer Journey work take effect. This will enable the Council to achieve the workforce reduction required by the reduced budget in the LTFP. Additionally, the reduction in the use of formal care will support the packages of care budget reduction in the LTFP of £20m by 2020.

Table 7 - 2018-19 forecast figures for Employee/ Agency spend:

Area	£'000
Acute Hospitals	6,190
Hospitals Community	4,439
Client Financial Services	2,933
Adult Safeguarding	677
Quality & Performance	4,008
Sutton & Erdington	2,870
Ladywood & Perry Barr	6,015
Hodge Hill & Yardley	4,008
Northfield & Edgbaston	4,817
Selly Oak & Hall Green	4,248
Day Care Services	8,033
Occupational Therapy	3,003
Home Care/Enablement	9,698
Care Centres	5,735
Other	2,518
Total SCS/SAP	68,832

8.0 Service Options

8.1 Methodology

- 8.1.1 Co-production will underpin the Customer Journey Work. A clear plan of staff engagement will be in place so that change is driven by practitioners identifying where business process change needs to take place. With support from the Citizen's Voice Team, continued Service User and Carer coproduction will enable Adult Social Care to build a service that addresses their concerns and builds on the elements from the

current service offer that works well. Coproduction is embedded in the Three Conversations model implementation and will continue to drive our service change.

8.2 Improve Access and Extended Community Offer

- 8.2.1 The “front door” to services and ways of handling calls, referrals and allocation of work will be radically reviewed and overhauled. This will be undertaken with expertise from Customer Services and Information Technology specialists to exploit digital solutions for citizens, self-service, information, Advice and Guidance. When a person requires more support, a customer service approach will ensure citizens are supported to get the right help as quickly as possible. Current steps in the process will be reduced and the Customer Service team utilised for Adult Social Care.
- 8.2.2 Where appointments are needed, they are made in the community into their local constituency team and made directly with the citizen so they know when and where they will be seen. The Customer Journey work will review the roles and skills mix of the constituency teams to ensure the following:
- There are robust links with the merging Network Neighbourhoods and the range of support options available locally
 - Skilled support is available to enable person-centred planning and more specialist advice without needing formal assessment processes
 - Enablement services are easily accessible and have sufficient capacity to support Older Adults as well as people with Disabilities or mental health problems.
 - Therapy-led support to lead more specific enablement programmes or for equipment to enable independence in the home.
 - Expert professional support and advice when it is needed, such as Occupational Therapy support, Social Work assessment for Care and Support Needs, Financial Assessment
 - Sufficient capacity to deliver Adult Safeguarding to an excellent standard and resolving concerns of the individual as soon as possible.
- 8.2.3 The community model will involve fewer processes and systems to improve the experience of citizens and promote efficiencies within the service. This will be in line with an asset based approach and the implementation of the Three Conversations model. This approach will be proportionate with streamlined recording and reduced need for management oversight.
- 8.2.4 The model will provide an enhanced information and advice service, focussing on strengths and assets within the community. There will be community hubs within the local area that the service would be a part of. This will be a multi-disciplinary team that is connected to the community. Citizens will be encouraged to be a part of the community and where needed, appointments will be booked with a social care worker directly; providing an immediate response. This will provide true connections to the local area and will lead to communities being responsive and deliver on multiple outcomes. Citizens will see the benefit of multi-disciplinary working as they will see the right person at the right time.

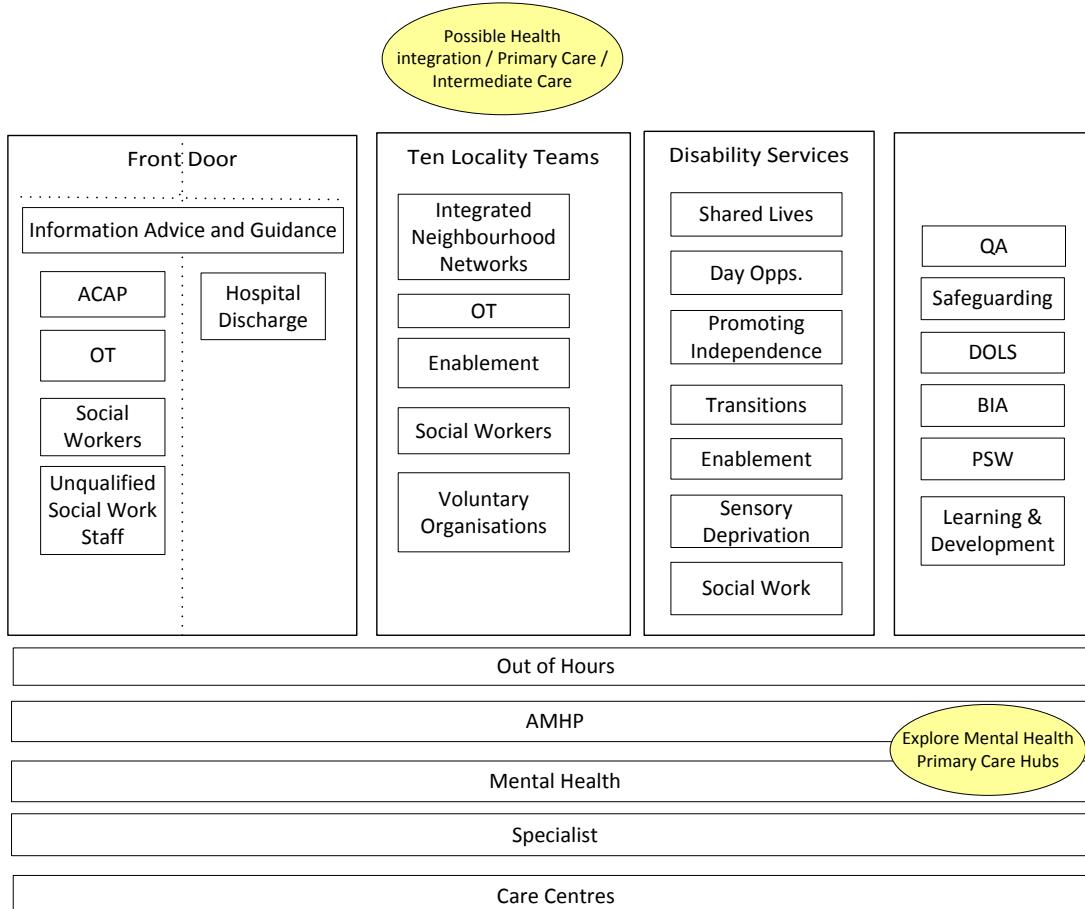
8.3 Core Service Offer

8.3.1 Management and Team organisation will be reviewed to further simplify Adult Social Care Operations and to drive the constituency approach. Specialist functions will be reviewed with partners to ensure the most effective methods of delivery and that we integrate with partners where this adds value to the citizen.

8.3.2 To ensure consistency with best practice and a life-course approach to disability, a core service offer for disability which will link closely with transitions and children's services will be developed to ensure expertise in person-centred planning, maximising access to employment and day opportunities and a greater focus on growing old with Learning Disability. This function will ensure sufficient capacity and expertise to support people with complex needs, providing a named social worker where this is seen as best practice, for example with Transforming Care work with the NHS. Mental Health will continue to work in partnership with NHS providers, but through the constituency teams will have a greater focus in primary care and voluntary sector.

8.3.3 The service core offer is summarised in Diagram 3.

Diagram 3 – Core Service Offer



8.3.4 A number of specific reviews will take place to shape the core service offer as part of the work:

- Specialist pathway/journey reviews including Sensory Impairment, Mental Health
- Out of hours, emergency support and seven day working

- Further work to ensure sufficient Approved Mental Health Professional Capacity when it is needed.
- Specialist Practitioner Social Work Role development
- Review of Social Care Facilitator, Occupational Therapy Assistant, Enablement Workers in disability services to develop greater career pathway and greater capacity in constituency teams for community support.
- Review of spans and layers, workload and capacity of roles within the service.

8.4 Workforce Development and Cultural Change

- 8.4.1 Adult Social Care has invested in the workforce in 2018 with the introduction of the Owning and Driving Performance cultural change programme and through implementation of Three Conversations. Adult Social Care is utilising key partnerships with national leaders of good practice such as Think Local Act Personal, Community Catalysts and NDTi. However, these programmes have not yet been to the benefit of all staff and in all roles, and there is a need to support in the development of the workforce to drive the necessary cultural change that working in the Community Model will require.
- 8.4.2 A workforce strategy will be a key deliverable of the Customer Journey. This will set out the size, shape and mix of the workforce required to meet the new Social Care offer the Customer Journey work will develop. Staff will be supported to train and develop, and clear processes for induction and change management will be in place to ensure safe transition to new ways of working.
- 8.4.3 It is expected that this will involve a restructure of the Adult Social Care workforce which will have differing impacts on different groups of staff. This will be set out in the S188 Workforce business Case which is expected to be produced in December 2018.

8.5 Alternate Delivery Models, Network Neighbourhood and Health Integration

- 8.5.1 This business case aims to deliver improved management of processes and to embed the Community Development Model. An output of this will be to reduce staffing to meet the LTFP budget for the service.
- 8.5.2 Alongside this, Adult Social Care is undertaking two key development areas which are out of scope of this case, but may impact on the Service.
- 8.5.3 The Early Intervention pilot with Health is reviewing the process and services that citizens receive before and after an hospital admission. This work is expected to impact on Hospital Social Work and Enhanced Assessment Bed Social Work support, as well as some of the therapy led support that citizens receive. This work is complimentary and will shape the way that consistency teams work with health partners.
- 8.5.4 Birmingham is investing in Network Neighbourhoods (NNS) which aim to build community capacity in each constituency to support people closer to home and delay them needing social care support. This work is medium term, and it is expected that as these develop the way that Adult Social Care works with the NNS would be further reviewed.

9.0 Headline Implementation Plan

Activity	Start Date	End Date
Staff Engagement – Process Mapping, Process Redesign, task and finish Groups	September 2018	October 2018
Proposed Customer Journey Produced with supporting capacity requirement	November 2018	November 2018
Workforce Strategy and proposed service structure	December 2018	December 2018
Conduct TU consultation	January 2019	March 2019
Conduct Directorate, and staff, consultation (45 days) - staff briefings, individual meetings; collate and monitor responses	January 2019	March 2019
Process for selection of redundancy as appropriate -	April 2019	July 2019
Selection for any new roles in the service	April 2019	July 2019
Move to new service design	September 2019	

10.0 Key Risks and Issues

Pace of Change deters from cultural change	The timescale for Implementation was brought forward to meet the LTFP and is faster than recommended for practice change in Three Conversations. There is a risk that practice will not change as desired and benefit will not be realised or the safety of the service is a risk.
Efficacy of Solution/ Savings Realisation	The changes may not be robust enough to realise the anticipated savings, efficiencies and/or benefits Any delay to implementation will delay delivery of savings
Staff Engagement / Cultural Challenges	Staff will need to be supported and developed to work in different ways. There is a risk to morale and productivity due to risk of redundancy and uncertainty created by change.