

Slough Borough Council

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| REPORT TO: | Cabinet |
| DATE: | 17 th October 2022 |
| SUBJECT: | Adult Social Care Transformation Programme |
| PORTFOLIO: | Cllr Natasa Pantelic, Social Care and Public Health |
| CHIEF OFFICER: | Marc Gadsby, Acting Executive Director for People (Adults) |
| CONTACT OFFICER: | Jane Senior Associate Director – People Strategy and Commissioning |
| WARD(S): | All |
| KEY DECISION: | NO |
| EXEMPT: | <u>NO, except Appendix 2</u> under paragraph 3 of Schedule 12A Local Government Act 1972 – Information relating to the financial or business affairs of the Council |
| DECISION SUBJECT TO CALL IN: | YES |
| APPENDICES: | Appendix 1 – Table 3 – Performance against milestones for 22-23 Exempt Appendix 2 – Comparison of costs. |

1 Summary and Recommendations

- 1.1 This report seeks to update Cabinet on the progress of the Adults Social Care (ASC) Transformation Programme.
- 1.2 This report also seeks approval to procure support services from an external consultancy, People Too to support the delivery of the ASC Transformation Programme, once the existing contract expires on 31st March 2023. This contract will be for a one-year period from 1st April 2023 to 31st March 2024 and will be secured by direct award using the Eastern Shires Purchasing Organisation (ESPO) Consultancy Services framework at a maximum value of £350k. This provides the greatest opportunity to deliver best value as considered in the options appraisal contained at Section 2.3 below. There will be no further call for an Adult Social Care Transformation partner once this period expires.

Recommendations:

Cabinet is recommended to:

1. Note the update and progress concerning the ASC Transformation Programme.
2. Agree to the procurement of external support from external consultancy People Too for a one year period from 1st April 2023 to 31st March 2024 using direct award to support the delivery of the ASC Transformation Programme.
3. Delegate authority to the Executive Director for People (Adults), in consultation with the Lead Member for Public Health and Social Care, to have oversight of the procurement and the ASC Transformation Programme and to enter into contract documentation.

Reason:

1. To support the delivery of the ASC Transformation Programme for 2023/24 and ensure that it continues to achieve financial savings and improvements for adult social care.

Commissioner Review

“When this was last considered by Cabinet, Commissioners expressed concern that the contract was again being proposed for extension but were persuaded that an alternative approach was not capable of being delivered in the time available and the savings proposals would be at risk if the proposal was not agreed. The then Director gave a personal assurance that the extension period would be used for knowledge transfer and ensuring that appropriate staffing proposals were implemented to ensure that the service could stand on its own feet before the end of the contract extension.

When the then Director left the organisation, it appears this assurance was not passed on to the team delivering the project which is disappointing – the team were therefore not in a position to enact it.

This report does set out options to support the project, including managing it in-house, undertaking a tendering exercise for external consultants as well as the proposed option of extending the current support arrangements, along with a risk assessment of these options. Given the importance of the project, in both financial and service delivery terms, the Commissioners support the proposed action

Looking forward, it is important the organisation develops its own ability to support the implementation of projects that will bring about change to service delivery and savings. The recent appointment of PMO resource is a positive move forward. The Commissioners will work with officers and members to ensure better processes are put in place for the future.”

2 Report

Introductory paragraph

- 2.1 The ASC Transformation Programme is on track to deliver a savings target of £9,121,000 which was set in 2021 and which was intended to be delivered over 3 years (2021-2024). Of this amount, £4,771,000 is expected to be delivered in the

2022-2023 financial year. This is being delivered through a range of improvement projects relating to adult social care. This is alongside an additional savings programme managed directly by the directorate – taking a likely minimum savings total of £14.7M being delivered over three years.

2.2 The programme is aligned to the Council’s priorities, specifically aiming to support the council to operate within its means, balance the budget and deliver best value for service users. Specifically, the ASC programme’s key objectives are to:

1. Deliver financial efficiencies to achieve long-term sustainability for Adult Social Care.
2. Improve outcomes for Slough residents in receipt of social care support now and in the future.
3. Support Slough residents to be enabled to their full potential.

2.3 Adult Social Care is currently experiencing a number of conflating pressures. These include the need to:

- Implement Adult Social Care Reforms – including preparation for the new Assurance (Inspection) Regime.
- Manage the market of social care providers within the context of inflationary pressures and a backdrop of economic uncertainty.
- Maintain business as usual alongside improvement activity
- Manage resourcing challenges

Within this context, it is important that the Directorate is provided with adequate support through a continuation of existing arrangements (which is legally permissible), in order to be able to achieve continued success in delivering the significant programme of savings contained within the ASC Transformation Programme.

Options considered

2.3 In proposing the recommended course of action, a number of options were considered:

| Option | Pros | Cons |
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| <p>Option 1</p> <p>Do not re-tender the contract and manage the ASC Transformation Programme Internally.</p> | <p>There would be a reduction in planned expenditure on consultancy services over the three year period which the ASC Transformation Programme is intended to run.</p> <p>This would reduce resource pressure placed upon teams engaged in procurement activity.</p> <p>The consultancy service ends when the contract ends which is compliant with contract procedure rules and governance processes.</p> | <p>The People Strategy and Commissioning Team is currently insufficiently resourced to be able to fulfil an expanded remit and replicate functions provided by a contractor. There is a risk that planned projects will not be able to be delivered over 23/24, placing savings attached to the Programme at high risk.</p> <p>Partnerships arrangements with a contractor have yielded results in terms of savings and improvements which have been delivered and this approach would unnecessarily be disrupted.</p> |

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| | | <p>There is insufficient PMO support within the Council currently to support the specialist skills required for this project.</p> <p>Specific Health and Social Care system experience is essential for successful programme delivery.</p> |
| <p>Option 2</p> <p>Do not re-tender the contract and stand-down the ASC Transformation Programme when the contract expires in March 2023.</p> | <p>This would reduce the burden of undertaking transformation work alongside business as usual activities for both the ASC Operations and People and Strategy Commissioning Teams.</p> | <p>Full savings attached to the ASC Transformation Programme will not be realised impacting upon the delivery of Council-wide savings. This would be unacceptable to the Corporate Leadership Team, Members and to DLUHC Commissioners.</p> |
| <p>Option 3</p> <p>Issue a direct award to the current supplier using an existing Framework.</p> <p>Recommended</p> | <p>Direct award is permissible under the Contract Procedure Rules and the Public Contract Regulations and there is precedence for this.</p> <p>Positive working relationship with the existing supplier.</p> <p>Familiarity with Slough as a place and with its population.</p> <p>Familiarity with Council systems.</p> <p>Familiarity with data and evidence, practice and problems driving the delivery of the ASC Transformation Programme.</p> <p>GDPR approvals already in place.</p> <p>Successful delivery of savings and improvements over the first two years of the programme. Continuity of delivery leading to best value by capping expenditure and minimising time spent on discovery, familiarisation and on-boarding processes.</p> <p>Will allow the directorate to focus upon ASC Reforms and business as usual activity with effective support in place around the transformation programme.</p> | <p>Direct award is permissible under the Contract Procedure Rules and the Public Contracts Regulations.</p> <p>Opportunity for complacency to set in in final year of programme delivery – offset by reputational risks to the supplier.</p> |

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| <p>Option 4</p> <p>To secure a contract with a consultancy through a competitive process.</p> | <p>Opportunity to secure a reputable consultancy service at a cheaper rate than at present.</p> <p>.</p> | <p>There is a possibility of a new consultancy starting with the Council two years into an established three-year programme.</p> <p>There will be an inevitable mobilisation, familiarisation and onboarding process with a new contractor which could detract from delivery and cause unnecessary disruption to key projects.</p> <p>There would also be additional burdens placed upon support staff eg to arrange log-ins, access to the building, access to information in accordance with GDPR and so on.</p> <p>It is uncertain whether best value would be achieved in terms of balancing gains and losses across a combination of economy efficiency and effectiveness, taking the above points into account.</p> <p>Whilst there is sufficient time to undertake this process, there is a very high risk that teams will not have sufficient capacity to manage a competitive process and the current recruitment process and absence of clear strategy acts as an obstacle to recruiting permanent members of staff.</p> <p>Potential for deterioration in performance and added value obtained through working with existing supplier.</p> |
| <p>Option 5</p> <p>Recruit individual consultants to support the ASC Transformation Programme via Matrix</p> | <p>Using the Matrix system is quick and easy and requires little resource.</p> <p>Shortened recruitment process can be followed (when compared to the permanent recruitment process).</p> | <p>Current market for consultants suggest that there would be some cost implications. (Exempt Appendix 1)</p> <p>Quality and reliability of consultants is highly variable.</p> <p>Competition through interview rather than through a tendering process.</p> |

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| | | <p>There would also be additional burdens placed upon support staff to arrange log-ins, access to the building, IT equipment, introductory meetings etc.</p> <p>Would need to establish a PMO and / or recruit additional resource to manage this.</p> |
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Background

- 2.4 In 2021/22, Adult Social Care proposed a three-year transformation programme following an independent review of the Adult Social Care strategy and budget, with the aim of supporting the Senior Leadership team (SLT) to quantify, clarify and prioritise potential financial savings and operational improvements, as well as identifying any new areas of possibility. A business case was submitted and agreed for the transformation programme to be delivered over three years.
- 2.5 It was intended that savings would be broken down over the three years as follows (£000s):

| 21/22 Year 1 | 22/23 Year 2 | 23/24 Year 3 | TOTAL |
|--------------|--------------|--------------|--------------|
| £2088 | £4771 | £2223 | 9121 |

The programme was successful in realising £2,393K of savings during year 1 (an over-achievement of £305K) and is on track to deliver £4,771k during year 2. This is in addition to further savings having been required of Adult Social Care as outlined in section 2.1 above.

- 2.6 Over the last year there has been a significant shift in market conditions – specifically relating to inflation, energy costs and wider cost of living issues – impacting individuals and businesses, including adult social care suppliers. ASC Reforms, including a Fair Cost of Care exercise are also being undertaken meaning that some projects relating to care costs are no longer viable. As a result, the ASC Transformation Programme has been reviewed. Projects no longer likely to deliver a saving have been discontinued and replaced by projects that will. This ability to respond to shifting economic and environmental factors is viewed as a positive benefit of working with the existing supplier.

The tables below set out the changes to the overall Programme over 22-23 which have been made.

| Table 1: Original programme of projects and savings targets | | |
|---|---------------------|--|
| Savings Description | 22/23 (£000) | Status as at August 22 |
| Provider services | 854 | Delivered £854K |
| Residential Costs | 78 | Discontinued – market factors |
| Nursing Costs | 60 | Discontinued – market factors |
| Accelerated Shared Lives | 150 | Continue - New target £204 |
| Target costs on Older People Residential Placements | 97 | Discontinued – market factors |
| Provision changes – change in care purchasing behaviour cost avoidance | 692 | Discontinued – market factors |
| Provision Changes – identify alternative provision for existing clients – actual savings. | 39 | Continue - New target £300K |
| Target care costs | 1400 | Discontinued – market factors |
| Joint Funding Protocol | 150 | Continue - New target £500K |
| Diverting Demand at the Front Door | 131 | Continue / Refocus - New target £823K |
| Client Contributions | 1000 | Delivered 560K – Target reduced due to overachievement in Year 1. There are only finite savings deliverable from historical cases. |
| Virtual Review Team | 120 | Delivered £120K |
| TOTALS | 4771 | |

| Table 2: REVISED Programme of Projects and savings targets | | |
|---|---------------------|----------------------------------|
| Savings Description | 22/23 (£000) | Status as at August 22 |
| Provider services | 854 | Existing Project £854K Delivered |
| Focused Review Project | 410 | New Project £35K delivered |
| Accelerated Shared Lives | 204 | |
| Reablement Efficiencies | 550 | New Project |
| Targeted Reablement | 450 | |
| Provision Changes – identify alternative provision for existing clients – actual savings (Accommodation with Support) | 300 | New target |
| Joint Funding Protocol | 500 | New target £120K delivered |
| Practice and Process Development – influencing new demand through change in behaviours incorporating Diverting Demand at the Front Door | 823 | New target |
| Client Contributions | 560 | Existing project £560K Delivered |
| Virtual Review Team | 120 | Existing Project £120K Delivered |
| TOTALS | 4771 | |

As at August 2022, £1.4m of savings had been delivered.

2.7 Performance of the existing contract (22-23) to date against original projects shown in Table 1.

In the report presented to Cabinet in March 22, the report set out a number of deliverables to be achieved over 22/23. Timescales for delivery were clustered within the first six months of the contract and in retrospect and considered to have been overly optimistic. The table shown at Appendix 1 provides information concerning progress against the original projects to date, including where projects have been discontinued due to factors set out in 2.6 above.

2.8 Oversight and performance management of the contract and ASC Programme

Oversight and performance management of the contract takes places as follows:

- Monthly ASC Transformation Board – this is chaired by the Executive Director for People Adults with attendance from Adults SLT, the Financial Consultant, the Locality Director, members of the co-production network, People Too and other participants. The board meeting reviews and acts in relation to a series of trackers – covering finances, a risk register and specific project and programme trackers.
- Weekly meetings between People Too and Adults Senior Leadership Team
- No new work or change to planned projects can be made without the permission of the Executive Director People Adults.

2.9 Savings Targets for 23-24

Subject to the recommendations being agreed, the following savings targets will be pursued. These exceed the original target set for 23-24 which was £2223K:

| Table 4 Savings Targets for 23-24 | |
|--|-------------|
| Savings Description | £000 |
| Reablement Efficiencies | 650 |
| Accommodation with Support | 652 |
| Joint Funding | 330 |
| Practice and Process Development | 810 |
| Transitions | 400 |
| Diverting demand | 270 |
| Better use of DFG and Equipment | 100 |
| Align and Integrate ASC and PH with NHS and/or E Berks LAs | 250 |
| Mental Health | 500 |
| Review of Hospital Discharge / 6 week review | 350 |
| Financial Assessment | 150 |
| DP Recoupment | 200 |
| Laying the OPG determined charge rate of 3.5% + annual fee | 100 |
| Further cost reductions, efficiencies and vacancy factors | 200 |
| TOTAL | 4962 |

3. Implications of the Recommendation

3.1 Financial implications

3.1.1 The cost of procuring a new contract with Peopletoo Limited for twelve months is estimated to cost a maximum of £350,000. The cost of this procurement will be funded from within Adult Social Care budgets.

3.1.2 The Adult Social Care transformation programme will deliver in excess of the £9,121,000 savings intended to be delivered across 3 years (2021-2024).

3.1.3 During 2021/22 People Too supported the delivery of the transformation projects and savings equating to £2,393K (an over-achievement of £305K)

3.1.4 During 2022/23 PeopleToo has supported the delivery of the transformation projects and savings equating to £1689K to date and is on track to deliver savings totalling £4771K during Year 2.

3.1.5 During 2023/24 savings of required to be delivered. It is likely that these will be delivered through the projects set out in 2.9 above, equating to £4962K.

3.2 Legal implications

3.2.1 The Care Act 2014 sets out the statutory framework governing how care needs are to be assessed and how provision is to be made to meet eligible needs. The duty to assess if someone has care needs is set out at s9 and the duty to make provision to meet eligible care needs is set out in s18 of the Act.

3.2.2 The Care and Support Statutory Guidance at paragraph 6 emphasises that the assessment and eligibility process must be person-centred throughout, involving the person and supporting them to have choice and control.

3.2.3 The charging regime that allows a local authority to charge for care services is set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014.

3.2.4 Services that cannot be charged for include some reablement services and services provided under s17 of the Mental Health Act 1983.

3.2.5 The prevention duty under s2 of the Care Act 2014 mandates that a local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support and for carers in need of support, and to reduce the needs for care and support of adults in its area and reduce the needs for support of carers in its area.

3.2.6 The wellbeing duty in section 1 of the Act requires the local authority, in carrying out assessments and care planning functions, to promote the individual's well-being.

3.2.7 The threshold for procurement of services of this kind (transformation services) is

£189,330 and a new lawful procurement process must take place to ensure compliance with the Public Contracts Regulations 2015 (PCR 2015).

3.2.8 A new direct award to Peopletoo Ltd could be made under the same ESPO framework agreement 664_21 (Consultancy Services) creating a new contract for the duration required, this will comply with the requirements of the PCR 2015.

3.2.9 A new contract will achieve the same effect as an extension. The terms and conditions will be the same as the previous contract.

3.3 Risk management implications

3.3.1 The risks associated with progressing with the option to issue a direct award are as follows:

| Risk | Risk RAG | Risk Mitigation | Mitigated Risk |
|--|-----------------|--|-----------------------|
| The proposed approach will not deliver best value. | Medium | <p>The ASC Transformation Programme is delivering savings as set out in the three year plan. Any change to the proposed approach risks destabilising the programme.</p> <p>Any financial gains made by going out to competition will in all likelihood be offset by the need to mobilise and familiarise a new supplier with the programme.</p> <p>Additionally, any supplier would need to be inducted and onboarded causing delays to the programme. Additionally pressures will be placed on support staff to provide log-ins, obtain approvals in accordance with GDPR, provide access to the building and so on.</p> <p>Best value is thought to most likely be delivered through contracting with the existing supplier when balancing gains and losses across a combination of economy , efficiency and effectiveness – taking the above points into consideration.</p> | Low |

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| The intended supplier might lose interest in delivering the contract over a final year of the programme | Medium | Robust performance management and oversight as set out in 2.8 above. | Low |
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3.3.2 Risks within the programme will be mitigated through robust monitoring, risk management and financial oversight which allows for early identification and remedial actions to be taken and alternative savings to be delivered.

3.3.3 Updating the governance structure within the programme will increase the risk management approach, providing greater oversight to senior staff.

3.4 Environmental implications

3.4.1 There are no environmental implications.

3.5 Equality implications

3.5.1 There are no direct equality implications as a result of the updates within the Programme.

3.5.2 There may be equality implications in the future as a result of work on the Adult Social Care transformation programme. Full equality impact assessments have been undertaken for all aspects of the Adult Social Care transformation programme.

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

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

3.6 Procurement implications

3.6.1 The Council must adhere to its Contract Procedure Rules and the Public Contracts Regulations. Consultancy services are subject to the full Public Contracts Regulations i.e. neither can be considered as either exempt or subject to the Light Touch regime as applies to social care and similar type services.

3.6.2 The use of a reputable framework agreement is an appropriate mechanism to ensure compliance to the Public Contracts Regulations.

3.6.3 Officers are proposing the use of the Eastern Shires Purchasing Organisation's (ESPO) Consultancy Services framework agreement. ESPO is a Central Purchasing Body operated by Leicestershire County Council, Lincolnshire County Council, Cambridgeshire County Council, Norfolk County Council, Warwickshire County Council, and Peterborough City Council for the purpose of providing good value goods and services to the public sector.

3.6.4 Officers are proposing the use of the direct award procedure under the framework agreement. Provided the direct award procedure is complied with, the award is permissible. The procedure under this framework agreement allows direct award where

the service provider which best meets the requirements taking consideration of the information provided within the user guide and pricing document can be identified. Under this procedure, the commercial arrangements must be those of the framework agreement; in this case, the agreement allows for award of time and materials at the predefined rates only. It is not permissible to award contracts based on milestone or other types of commercial arrangements. Should this be wished for a competition must be used

3.6.5 Given the limitations set out at 3.6.4, officers propose a robust contract management approach, with regular management of time and delivery to ensure delivery remains on target. Whilst the arrangement does not resolve the lack of milestones within the contract, the approach provides a measure of control and gives some assurance that delivery and cost will remain on track. Officers also intend to use a “key personnel” clause to reduce risks of under-delivery from change of the team and a loss of known skills.

3.6.7 Officers are unable to obtain quotes under the direct award procedure of the proposed framework agreement. The procedures of the framework agreement are clear that seeking pricing information from a service provider is not permitted; this is, in effect running a competition. Such restrictions are common across framework agreements under direct award procedures. Officers are aware this may be commercially sub-optimal.

3.7 Workforce implications

3.7.1 A consultation is currently underway regarding the reablement efficiencies project. This is required to enable a change in working hours within the service – offering staff the opportunity to increase their working hours in order to grow the service. This has been undertaken in accordance with the appropriate organisational processes.

3.7.2 There are no broader workforce implications for SBC at the time of writing. The Transformation partner is required to have extensive knowledge of the Health and Social Care system as well as the resources to support physical delivery of the Programme. This does not exist within the Council.

3.8 Property implications

3.8.1 There are no property implications.

4. Background Papers

None

Appendix 1

Table 3 – Performance of the existing contract (22-23) to date against the original targets set out in Table 1 within the main body of the report.

| Table 3: Performance of the existing contract (22-23) to date against original projects shown in Table 1 | | |
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| Project | Scope and indicative milestone | Progress at 6 months |
| Provider services | Implement closure of provider services and secure outcomes for existing service users. | Project implemented and savings delivered. |
| Learning Disability Residential and Nursing Costs. | Revised transformation business case completed by the end of March 22 Revised action plan completed by the end of April 22 Support to commissioning team to implement actions April – May 22. | Project discontinued due to further analysis and shifting market factors and ASC Reforms |
| Shared Lives | Support availability of new shared lives carers from the end of April 22. Support ASC teams to identify people who will benefit from shared lives by the end of May 22. Monitor and recommend improvements by the end of July 22. Provide project management to support the delivery | People who would benefit from shared lives have been identified. Project in progress to facilitate matching of people with host families, although this work has progressed more slowly than intended. Savings against this project might not be fully realised within the existing contract year and alternatives are being explored. |

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| <p>Target costs for older peoples residential</p> | <p>Revised transformation business case completed by end of March 22</p> <p>Revised action plan completed by end of April 22</p> <p>Support to commissioning team to extend brokerage</p> | <p>Project discontinued due to further analysis and shifting market factors and ASC Reforms.</p> |
| <p>Change in Care Purchasing Behaviours – Cost Avoidance.</p> | <p>Support to commissioning team to extend brokerage support to Learning Disability and Mental Health purchasing by end of May 22.</p> | <p>Development of a new process to ensure that brokerage undertakes purchasing of placements rather than social work teams. In the process of implementing. Negotiation training provided to the brokerage team to support this.</p> <p>Market shifts mean that savings targets against this project have been discontinued, although benefits are likely to be realise through implementing this approach alongside freeing up social workers time to focus on direct work.</p> |
| <p>Provision Changes – identify alternative provision for existing clients – actual savings</p> | <p>Support with specification development of new accommodation with care schemes by June 22.</p> <p>Work with ASC Operations to ensure reviews delivered through range of teams to identify people relevant for services by June 22.</p> <p>Procurement support identifying and procuring housing providers by September 22.</p> | <p>Target dates set out within the March report to Cabinet were unrealistic.</p> <p>Project underway to work with service users and families and to develop opportunities for individuals to live more independently, closer to home.</p> <p>Procurement support has been provided along with opportunities to source places from existing suppliers in the borough – adhering to</p> |

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| | | the principles of best value. |
| Target Costs | <p>Revised transformation business case completed by end of March 22</p> <p>Revised action plan completed by end of April 22.</p> <p>Support to commissioning team to implement actions April – May 22</p> <p>Working with neighbouring authorities to review block contract arrangements by July 22</p> | <p>Project unable to be delivered due to revised analysis and shifting market conditions.</p> <p>Alternative opportunities for delivering savings are set out in Table 2 above.</p> |
| Joint Funding Protocol | Support to operational and commissioning teams to embed the protocol into practice by the end of June 22. | Completed. |
| Demand at the Front Door | <p>Revised transformation business case completed by March 22 to identify new model of delivery.</p> <p>Revised action plan completed by end of April 22.</p> <p>Support to commissioning and operational teams to implement April to May 22.</p> | <p>Target dates set out within the March report to Cabinet were unrealistic.</p> <p>Project is in progress and has been rescoped to incorporate wider practice improvements.</p> |
| Client Contributions | To continue to support the delivery of this successful project and ensure that new model is embedded and income continues to increase and bad debt reduces by March 23. | Completed. |
| Targeted Reviews | <p>Redevelop the approach to targeted reviews by April 22</p> <p>Redevelop the business case to consider the new factors such as staffing</p> | Completed |

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| | pressure and current market environment by April 22. | |
| Reablement Improvements | <p>Support to ASC Operations to identify improvement opportunities in reablement by end of March 22</p> <p>Action plan in place by end of April</p> <p>Support and monitoring impact of improvements.</p> | <p>Completed.</p> <p>Next stage of project (badged as a new project) is to redesign reablement (See Table 2)</p> <p>Consultation is currently underway</p> |
| Programme Support | <p>Preparation and support for board and meetings</p> <p>Updates to transformation board, resolving and support with actions taken from the transformation board.</p> <p>Supporting stakeholders, attending stakeholder meetings</p> <p>Programme coordination, risk management, plan management, interdependency management.</p> <p>Finance tracking and benefits realisation</p> <p>Producing highlight reports.</p> <p>Project team management and project plan.</p> <p>Project updates, risk and mitigation and escalation</p> <p>Following up and escalation actions with SBC project owners.</p> <p>All to be delivered throughout 22-23.</p> | All in place and ongoing. |
| Adult Social Care Reform and Integration | Support as required to the Council in preparation for ASC Reform and integration, including: | Cost of care, care cap and financial charging projects are completed or underway. |

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| | <p>Cost of Care Exercise by September 22</p> <p>Care Cap and Financial Charging by October 22</p> <p>CQC Inspection by December 22</p> <p>Place based integration arrangements by October 22.</p> | <p>CQC inspection</p> |
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