

**Round 6 Fund application - Discovery project :  
Entry # 8041****2. Project contact details****2.1 Lead authority name**

Royal Borough of Kingston upon Thames

**2.2 Details of the person leading this application**

Tom Bates

**Role**

Head of Digital Delivery

**Email address**[tom.bates@kingston.gov.uk](mailto:tom.bates@kingston.gov.uk)**Phone number****2.3 Details of a senior stakeholder from lead authority****Role****Email address****2.4 Details of a Section 151 Officer from lead authority****Role****Email address****2.5 List your project partners and provide a single point of contact for each organisation.**

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Project partner organisation	Name of single point of contact	Role of single point of contact	Email address of single point of contact	Phone number of single point of contact
London Borough of Redbridge				
London Borough of Merton				
Royal Borough of Greenwich				
West Berkshire Council				
Dorset Council				
Southwark Council				

### 3. Your project proposal

#### 3.1 Project title

Exploring automated health and social care needs assessments to address increasing levels of 'new case' social care demand so that we reduce the amount of time taken to commission care services and community referrals.

#### 3.2 Project description

Discovery to investigate the automation of the social care triage, assessment and prescription process. We'll investigate whether we can codify a person's care needs and prescriptions. This would improve a manual, custom, and sometimes outsourced process that can be inconsistent, slow and delays the delivery of care. If we can codify the needs and care prescriptions, the data will become machine readable and allow for easier analysis and transfer between organisations.

#### 3.3 How much funding are you applying for?

100000

### 4. Project assessment

#### 4.1 Describe the problem that your discovery project seeks to investigate.

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Demand for adult social care is growing for most local authorities at a scale that threatens to overwhelm existing services. The NHS's [Adult Social Care dashboard](#) shows average year on year increases in *new case* demand of 2-5% since 2017. Kingston has increases of circa 14%.

There is no automated way of understanding a user's situation and using that to determine care needs and appropriate care prescriptions. The discovery will investigate these hypothesis:

- We believe a user's situation and needs are consistent across all local authorities and can be codified, allowing faster care assessment.
- We believe care prescriptions are based on locally commissioned services so must be flexible.

We have identified the following users and will investigate these potential benefits:

- Care recipient: faster care delivery so their situation doesn't deteriorate, creating more complex/costly care needs; more adaptable service as needs change; increased ownership of their care.
- Staff: reduced assessment effort; increased consistency; reduced incorrectly-routed requests.
- Social care commissioners: person-level demand modelling; improved feedback on prescription success.

Data on situations and needs that is machine readable will make analysis and usage in modelling and forecast easier.

We'll use [NHS's care taxonomy](#), the [Digital Social Care Data Catalogue](#), and the [SAVVI framework](#) to help this work.

This bid is part of a group that together [cover the social care user journey](#).

### 4.2 Describe the outcomes and outputs you aim to achieve by the end of the project.

#### Outcomes:

- Evaluation of the hypotheses above.
- Understanding of the users involved and their needs.
- Understanding of the care prescribing process and challenges/opportunities across all partner councils.
- Understanding of the role of experienced social workers to resolve uncertainty in care decisions; and how to involve that expertise in automated processes.
- Identification of analogous products and lessons to learn.
- Clarity on what an automated service must do to be valuable to partner councils and likelihood of adoption.
- Recommendations for further work and hypothesis to test in alpha.

#### Outputs:

- Map of the care prescribing process to understand: variability based on user circumstance; variability across collaborating councils; the value stream, costs and impact of bottlenecks.
- Technical evaluation of how circumstances, needs and solutions might be codified; and whether this could be used to inform predictive modelling (Greenwich's expertise will help us and their bid funds it further).
- Design brief outlining the components, processes, patterns, taxonomies and data model needed to automate care prescription.
- Outline business case to estimate the time and money saved, the risk reduced, and impact to a user's care delivery and outcome.
- Definitions of user circumstances, care needs (simple, compounding, complex), care prescriptions and associated indicators or descriptors for use in an alpha.
- Selection of 1-2 use cases to prototype a logic engine.

### 4.3 Tell us how your project will make local government services safer, more resilient and/or cheaper to run in the context of the problem area.

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Automating care prescriptions will:

1. reduce staff time spent processing routine requests and rejecting extraneous requests.
2. free up staff to focus on more complex care cases.
3. enable the service to scale in response to higher demand (ageing population, Care Act changes) without hiring more staff.
4. reduce users' wait time from request to care delivery.
5. avoid increased care costs due to a deterioration in the user's circumstances while waiting.
6. give a consistent service and quality.
7. enable more precise analysis and modelling of care needs.

Care prescription is preceded by Front Door services, which promote [preventative models of care](#) and help users into social care services. The government's [Grand Challenge](#) aims for at least 5 extra years of healthy, independent life by 2035 to reduce care costs; this is achieved through a more effective front door and prescribing service. Redbridge's ASC front door bid will investigate this and we'll work with them if successful.

### 4.4 Tell us about your project stakeholders and how you plan to engage them.

**Key stakeholders from all partner organisations we'll work with include:**

- Social care strategic decision-makers.
- Social care operational leads.
- Social workers and occ. therapists.
- Systems & data managers.
- Public Health teams.

**We'll engage stakeholders through:**

- Research sessions & structured discovery workshops.
- Fortnightly show and tells hosted with partner councils & LOTI. Invitees to include: LGA, DHSC, NHSDT, DLUHC, SAVVI, CQC.
- Briefing sessions for our team and partner councils on related work, including from NHS and SAVVI teams.
- Steering sessions with key users & stakeholders to validate the case and decision making.
- Publishing a regular blog & updates through mailing lists.
- A network of public sector bodies open to sharing work, learning and common challenges related to social care (formed in collaboration with LOTI).

### 4.5 Tell us about any local government sector engagement you've carried out or intend to carry out.

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Since Sept partner councils have shaped the bids around collective challenges in social care. We're committed to share learnings between these linked projects. LOTI has provided strategic coordination for this work and will continue to assist us all during discovery. Depending on the findings and conclusion of the project, LOTI may continue support beyond discovery.

As part of LOTI's strategic partner role, they will:

- Help with sector engagement for user research and sharing and dissemination of learning.
- [Host events](#) to engage key stakeholders and sector.
- Provide expertise and experience [using and sharing data](#).
- Support the project team with LOTI's methodology for running outcomes-driven data projects.
- Provide collaboration facilitation resource to provide neutral, arms-length support for the partnership.

We want to work with teams making: [NHS's care taxonomy](#), the [Digital Social Care Data Catalogue](#), and the [SAVVI framework](#).

### 4.6 How will the project budget be used?

Item (e.g backfill staff time, buy in user researcher, software, hardware and others)	Time/quantity	Total cost/value £	Where will the funding come from? (e.g Local Digital funding or a particular project partner)
Kingston adult social care digital team support	1 day per week x 10 weeks	£6,500	Kingston
Service designer from Kingston's adult social care digital team	5 days per week x 10 weeks	£15,000	Kingston
Venue to host cross-project join up workshop	In-kind contribution of conference space	£2,500	LOTI
Product manager	5 days per week x 10 weeks	£32,500	Local Digital
User researcher	5 days per week x 10 weeks	£32,500	Local Digital
Service designer	3 days per week x 10 weeks	£19,500	Local Digital
Technical consultant (analyst)	5 days	£3,500	Local Digital
Data architect	15 days	£6,500	Local Digital
Funding for additional technical or data work	10 days	£8,000	Kingston

### 4.7 Tell us about your delivery plan.

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We anticipate commissioning a delivery partner via the digital marketplace creating a blended team for this discovery project. Kingston will lead a compliant commissioning process (seeking input from partners) and require the delivery partner to evidence their ability to achieve the required outputs and work in an agile and open way. Estimated 14-18 weeks to completion.

### Phase 1: Initiation

- Commission delivery partner via digital marketplace
- Produce stakeholder map drawn from lead and partner organisations
- Recruit social care experts to team
- Start to gather data extracts from line of business systems

### Phase 2: Exploration

- Understand the data landscape in ASC. Find information about who has care needs and what care should be given / has been given (sources, quality, access, owners, structure)
- Prioritise which circumstances to investigate in more detail, based on greatest impact to residents and staff
- Log all the 'standard' versus 'complex' needs on ASC radars. Identify if needs can compound to become complex or change care decision
- Map the most common care circumstances and see if we can codify the care responses to them

### Phase 3 - Synthesis

- Continue mapping common care circumstances, developing process maps of how these needs are addressed with care plans. Identify where data is not being created in standard or digital formats
- Review LA context to see how we could codify care responses and link services we do commission versus care and support not provided by the council (e.g. community referrals)
- Identify where work needs to happen to create sufficient consistency to build a reliable automatable model

### Phase 4 - Validation & finalisation

- Finalise & publish discovery recommendations: Is this worth pursuing? What circumstances should we start modelling for automatable care plans - be they commissioned by the council or other parties. What kinds of standards and business processes (e.g. data capture) are needed to make automation possible?

#### 4.8 Describe how your project team will have the skills and time available to deliver the project in an iterative, agile and user-centred way.

We have previously led discoveries with suppliers who use iterative, user-centred approaches. We have 5 in-house digital teams using agile, including 1 focused on adult social care. We'll ask the supplier to work closely with this team to exchange information throughout the discovery and retain the knowledge after the contract.

We'll form a dedicated, blended team with the supplier. A Kingston service designer from our existing ASC team will work with the supplier full time, in addition to social care experts part time, to provide domain knowledge. We require the supplier to provide product management, research, design and technical/data skills as listed in the budget. Kingston will contribute additional funding for technical and data work if required to achieve the discovery outcomes.

We have experienced heads of community who oversee the quality and pace of work. We hold community meetings as a regular learning opportunity where we share techniques, findings, and give/seek feedback on work. We encourage all suppliers to take part, have previously run them with Greenwich, and will invite all partner councils to join.

We require suppliers to work in the open and deliver work incrementally. We intend for ASC staff to see the value of agile ways of working, user research, and user-centred design by being participants in the team.

#### 4.9 Define the governance structure of your project.

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### Self-governance by an empowered Project Team

The cross-council steering team is a joint team of colleagues from partner local authorities with additional capacity provided via a delivery partner. The core team will prioritise where to focus and steer the direction of the work.

What this will look like in practice:

- Collaborative ways of working focused on well-defined outcomes
- Regular project week notes
- Defined sprint goals and review of progress against them
- Show & Tells

### Strategic input from senior management

The core team will also seek timely feedback & support from senior stakeholders across partner LAs.

What this will look like in practice:

- Sharing progress, milestones and direction with partner LA senior stakeholders regularly to ensure they are kept informed on progress against outputs;
- Advisory stakeholder meeting(s) to:
  - provide space for discussion and strategic input
  - ensure insights are actionable and relevant to users

### Team charter setting out ways of working

A team charter will be developed at initiation to provide clarity upfront on a number of governance arrangements. The charter will set out ways of working, decision-making arrangements, roles and responsibilities, and contingency planning arrangements.

### Collaboration facilitation resource

LOTI will provide collaboration facilitation resource to act in a neutral role to support collaboration, facilitate key partnership meetings, and help develop the collaboration charter.

## 4.10 Outline the risks to project success.

Risk Description	Probability H/M/L	Impact H/M/L	Mitigation
Unclear goals / misaligned expectations	M	H	Ensure programme objectives, business justification and outcomes are reviewed & agreed during the commissioning process
Insufficient budget to achieve goals of discovery	L	H	Review previous discovery projects for scope comparison. Speak with digital agencies to get a sense of feasibility. Inclusion of small contingency (see budget breakdown)
Insufficient capacity / expertise to progress the discovery	H	H	Commission delivery partner
Availability of subject matter experts	H	H	Recruit a large number of partner councils. Undertake recruitment activities as part of phase 1
Data sensitivity and privacy protection.	L	H	We have reviewed and do not believe we would need personally identifiable information to complete this discovery.
Ensuring alignment and delivery of complementary bids	M	M	LOTI have agreed to help coordinate across bids to ensure continued alignment, complementary knowledge is shared and delivery occurs.

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### 4.11 Describe how project monitoring and evaluation will happen.

#### To track progress towards the outcomes of this discovery we will:

- include senior stakeholders as part of sprint planning
- set sprint goals and outputs
- review discovery progress each sprint
- Share a weeknote featuring: research, insights, artefacts, and issues.
- Show and tell fortnightly to all stakeholders and evaluate progress and deliverables.
- Meet monthly with the DLUHC collaboration lead and others running complementary projects to share roadmaps and project progress.

#### To evaluate the strategic value of automating care prescribing, we will collect information from partners to:

- Quantify the time and money spent delivering the care prescribing service.
- Estimate the savings from automating the process, potentially to different extents to reflect risk appetite. This is likely to include:
  - Quantifying the volume of failure demand, wait time and associated costs.
  - Quantifying the increase in cost of care prescriptions when a user's circumstances deteriorate due to the late delivery of an initial care prescription.
- Quantify the impact on users of pain points through the user journey from request to rejection or care delivery.
- Estimate the time and cost of an alpha and beta to achieve a minimum viable product.
- Quantify the level of consistency between each partner council's manual care prescribing.
- Confirm our ability, from the perspective of a social care team, to define an association between a user's circumstance, a care need and a care prescription.

### 4.12 Describe the benefits and savings your project is likely to deliver.



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Validation of our hypothesis that codifying care prescriptions is both possible and will result in the benefits anticipated.

Should this prove viable benefits could include:

### Financial benefits

A VfM model developed by a CIPFA economist for Redbridge showed potential financial savings from improved capacity to cope with future ASC demand.

Key sources of financial savings identified include:

- Reduced calls to Contact Centre & First Contact Teams by up to 25%
- Savings delivered through a returned personalised process
- Efficiencies of manual handling through automation of up to 20%
- Increased online functionality to support user need
- Increased long term efficiencies with preventative interventions
- Integrated data systems to inform future models

### Improved user experience

- Average time for a care assessment to be completed in the UK is 4-6 weeks. [ADASS spring survey 2021](#) suggests as many as 7000 people nationally have been waiting longer than 6 months for an assessment.
- Kingstons number of assessments are increasing year on year
- Assessments completed:
  - 19/20: 934
  - 20/21: 882
  - 21/22: 1179
  - 22/23: 743 (estimated 1400 by year end).

Real time, or near real time prescription of care could significantly reduce the time it takes to provide a patient with the care they need.

### Improved management information and data sharing

Create machine readable data for use in analysis, modelling and machine learning.

## 5. Agreement with DLUHC

**5.1 Please confirm that you commit to delivering the project outputs listed below. Please tick the box to agree.**

- I agree

## 5.2 Agreements with DLUHC

**Please tick the box to agree.**

- I agree