Case Study | Norfolk County Council



Norfolk County Council's Adult Social Care department (NCCASC) set targets to achieve inyear savings through digital transformation and investment in Assistive Technology. In doing so, it recognised that a step-change in technology and connectivity was needed. They commissioned Socitm Advisory to complete a Strategic Review that would:

Assess the current maturity of NCC's digital and assistive technology services

Develop a digital roadmap

Ascribe savings potential to these actions

Develop a workplan



The review was rapidly completed over a 7-week period. It outlined three associated enablers:

Digitally enabled workforce

Digitally enabled services

Digitally enabled citizens

Whilst there are clear interdependencies between these enablers, the focus of this work was in the area of "digitally enabling citizens". NCC wanted to define:

Assistive technology strategy linked to service outcomes

A high-level services specification to delivery strategy

A roadmap to deliver services specification



We recommended the following steps:

Establishing and grounding an integrated programme roadmap and governance structure

ASC appraisal of the validity of our cost savings projections to ensure confidence, and their underlying assumptions

Developing a detailed and robust ASC transformation plan with a digital social care programme vision, developed from the roadmap in this document and in conjunction with ASC's existing TEC strategy

Prioritising effort onto the high priority projects that will deliver the greatest benefits, with detailed project implementation plans including benefit realisation plans for each one

A reappraisal of the existing 'AT Strategy/ Business Case ' work. Unlocking the benefits and opportunities cannot simply be a case of expecting to carry on delivering the same service with greater volume. To increase the uptake and effectiveness of the AT service, there will need to be significant changes to referral processes, based on improved analytics, and the way in which the service is structured and commissioned. Driving out the service efficiencies will require collaboration across the end-to-end AT supply chain







The options available to them, along with the relative cost savings were fully identified:

Initiative 1.1: Flexible and Mobile Working Enabled

The Liquid Logic mobile application enables use of a restricted case management system on mobile devices, allowing front-line users to access and update case files irrespective of location

Benefits include: staff productivity; cost savings (travel and potentially office space)
Potential full year savings: £1,138k - £2,275k

Initiative 1.3: Exploit Liquid Logic Phase 1 Capabilities

Optimise use of LAS application, streamlining data capture, integrating with the CRM system and digitising time intensive manual transactions

Benefits include: staff and back office productivity; improve data quality Potential full year savings: £478k - 915k

Initiative 2.2: Marketplace and eBrokerage

Development of marketplace for reliable availability and to directly connect buyers and providers. Support for real time tendering

Benefits include: market efficiency; commissioning intelligence

Potential full year savings: £700k - 1,400k

Initiative 2.3: Provider Contract Management

Streamlined reimbursement to care providers

Benefits include: improved management and control over spend; productivity
Potential full year savings: £210k - 340k

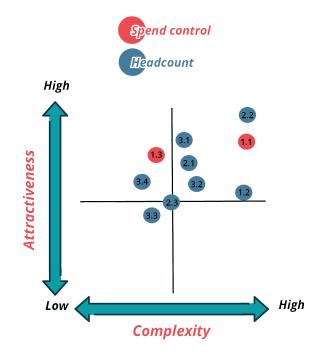
Initiative 3.1: Smarter AT Enabled Through Analytics

Increased, higher quality AT referrals driven through analytics and a systematic culture change. Coupled with optimised and costeffective AT delivery (model 3.2)

Benefits include: cost avoidance; cost savings

Potential full year savings: £840k - 1,680k

The options were further plotted to aid decision-making within Norfolk County Council (model 3.2)



Will be integral to good, quality care. It will enable professionals to work efficiently, for services to work smartly and for people to live independently at home for longer, reducing the need for formal, intensive adult social care intervention



