

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

22 March 2016

Adult Care Budget and Savings

PROJECTION 2015/16

EARLY HELP & SUPPORT			
Purchasing	42,989,603	3,585,945	The reported position reflects a further improvement in the projections for the year of purchased care costs. This follows a trend of reductions in expenditure since the early part of the 2015/16 financial year. However, there remains a significant pressure on this budget and overall within Early Help & Support. The Management Team continue to progress the actions within the Cost Improvement Plan(CIP) and the progress made to date results in around £3m of savings projected to be achieved by the end of the year and these are reflected in the forecasts in this monitoring report. However, underlying pressures remain and these continue to offset savings being made i.e. increasing rates for residential placements since the start of the year although again progress has been made in stabilising some of these. The Cost Improvement Plan forms part of a strategic approach to managing costs through a programme of transformation. If the plans are delivered in full in 2015/16 then the contingency funding included below would not be required. For the time being the forecast position suggests that the reported £2.5m of contingency will be required and the requirement for support for the pressures within Early Help & Support is reflected in the draft 2016-18 budget strategy.
Income	(17,070,287)	389,871	The income budget has been adjusted to reflect savings in order to re-present the position on income. The current projection is for a shortfall from the contributions collected towards the cost of care of around £253k, and a shortfall on income expected from the CCG towards joint packages of care of around £242k. The shortfall is partially offset by an over recovery of estimated grant income in year.
Transport	657,593	155,459	The 14/15 EHS transport budget was reduced by £229k as a result of the recommendations made in the Transport Review. A Transport Review Project Group has been set up to look at ways to reduce Early Help & Support expenditure on Transport and identify a more robust transport policy in a bid to reduce the overspend. There has been some improvement since the last report resulting in a reduction of £16k to the pressure
Contingency		(2,500,000)	Specific contingency set aside as part of the budget strategy
Use of one offs	(1,244,000)	(475,000)	Use of one off reserves
Variations under £50k	9,641,840	(156,275)	
Total Early Help & Support	34,974,749	1,000,000	

BUDGET STRATEGY(1)-SAVINGS

Description of Saving	2016/17	2017/18	Total Ongoing Saving	Rationale
	£	£	£	
<p>The current model of adult social care while demonstrating a level of savings by reducing demand and managing unit cost will not deliver the level of savings required. Over a 2016/17 and 2017/18 we will see a reduction in 5.350 million in the purchasing budget. The savings will be achieved by moving from the council providing a managed service, where we take responsibility for organising care provision to a direct payment and support planning model of service. The RaS will be re-calibrated to provide a personal budget for individuals to directly purchase and commission services. We anticipate clients will then make different decisions regarding transport, day care domiciliary care which will have implications for existing providers, contracts, brokerage and commissioning teams. This will maximise the amount of resources available to maintain people in community settings supported by a direct payment. Targeted actions are in place in relation to discharge to assess to ensure that we maximise efficiencies through integration and the Better Care Fund. We are also building upon the Alder Advice project to continue to work with adults with a learning disability and mental health problems in high cost residential placements, to find better outcomes at reduced cost.</p>	2,970,000	2,380,000	5,350,000	<p>This level of savings require a fundamental change in how services are delivered to vulnerable people in Telford. We no longer have the resources to assess for and commission traditional social care services. We require individuals to take greater responsibility for managing their care and support via personal budgets if eligible. Evidence nationally suggests that this approach can also lead to better outcomes for adult social care clients. The new operating model is based upon findings from our prototype which reinforce national findings. The new operating model is based upon our revised adult social care narrative which has been the subject of some consultation.</p>
<p>As we move to locality working we will see efficiencies in reducing duplication in work between council employees. The work force remodelling will require a reduction of assessment staff ,the remaining workforce will be set individual targets and performance managed. A benchmark of a minimum of one assessment/ review per day. Mobile working and home working will be the norm. The new workforce will see the introduction of support planners and peer brokers.</p>	450,000	450,000	900,000	<p>Expectation is that each Social Worker and reviewing officer carries out one assessment/ review each day and completes electronic record. Given current demand we are able to reduce assessment work force by 17 f.t.e. This includes Better Care Fund related staffing/activity and will require consultation with T&W Clinical Commissioning Group to ensure priorities are achieved and a focus in outcomes rather than number of people . Reduction of group manager and amalgamating DARS and mental health management will generate savings and is in line with Mental Health and Drug's strategies and a focus on community and strengthening families.</p>

BUDGET STRATEGY(2)-SAVINGS

Description of Saving	2016/17 £	2017/18 £	Total Ongoing Saving £	Rationale
Both T&W Clinical Commissioning Group and the Council are committed to increasing the level of support funded by Continuing Health Care (CHC). An increase of £1m is a reasonable assumption given bench marking data	-	1,000,000	1,000,000	Clients numbers benefiting from continuing health care in Telford are low. In benchmarking terms we are significantly adrift from the average and this increase would bring us close to the national average. This saving assumes that work currently in progress will result over time in the CCG appropriately picking up costs through CHC, resulting in a reduction in costs for the Council
The local authority spend on adults with a learning disability is high compared to both regional and national comparators. Working with T&W Clinical Commissioning group (CCG) it is possible not only to reduce funding but also improve outcomes for people. This will be achieved by working more efficiently with health partners and adopting a support planning approach.	200,000	400,000	600,000	Targeted saving to be achieved from review of spend on learning disability services across CCG & Council
There are a wide range of service models in place in Telford to support people in long term accommodation, each with a different contractual arrangement in place. By introducing a personal budget for individual people accessing services such as extra care and supported housing it will be possible to make savings and also provide greater choice and control for individuals similar, to that of people living in their own accommodation.	116,000		116,000	Project launched August 2015 will lead to an increase in personal budgets used to purchase support. Existing contractual arrangements will end and be replaced by a relationship between client and contractor. This will lead to improved outcomes and a significantly lower cost.
Review of Voluntary Sector Agreements (SLAs)	109,000		109,000	Full year effect of savings from changes made in 2015/16
Total Early Help & Support	3,895,000	4,230,000	8,125,000	

BUDGET STRATEGY(3)- PRESSURES

Service Area	Description	2016/17	2017/18	Total
		£	£	£
Transitional Clients		700,000	700,000	1,400,000
One offs as per current Cost Improvement Plan		1,293,000		1,293,000
One off funding earmarked for Adult Social Care	To protect and support vulnerable adults and help phase in the savings.	2,500,000		2,500,000
Care Purchasing - All Client Groups	Increase in purchasing costs associated with cost pressures within the provider market	1,000,000	1,120,000	2,120,000
Total Pressures Identified		5,493,000	1,820,000	7,313,000

SUPPORT PLANNERS

Activity

- 10.5% of all those receiving a service have been through Support Planning.
- First Support Plans completed in Mid November 2015.

Feedback

- Staff feel they are making substantial differences to peoples lives.

Targets

- Team 30 Support Plans per week and 10 Direct Payments per week.
 - Each Support Planner needs to send 2 new completed support plans for QA each week and aim to being approved at a level 3.
 - Each Support Planner should send 1 DP per week to Powher.
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KEY MILESTONES

- Activity Levels
 - Unit Cost
 - Direct Payments
 - PA
 - CHC
 - Shared Lives
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WORKFORCE DEVELOPMENT PLAN

- Workforce Development Plan
 - Being the Change
 - Leadership Development
 - Support Planners Accreditation
 - Recruitment
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BCF

- T&W CCG and LA collaborating to meet the requirements of the 2016/17 BCF plan
 - Initial draft plan submitted to meet deadline of 2nd March 2016; submission 2: 21st March, Submission 3: 25th April (final plan for sign off by NHS)
 - Key requirements:
 - Joint spending plan approved by NHS England
 - Joint narrative plan agreed to meet national conditions
 - Confirmed funding contributions from each partner and funding arrangements
 - Scheme level plan identifying spend
 - Quarterly plan figures to meet national metrics
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