

TELFORD & WREKIN COUNCIL

HEALTH AND ADULT CARE SCRUTINY COMMITTEE – 18 JULY 2017

EARLY HELP & SUPPORT COST IMPROVEMENT PLAN 2017-18

REPORT OF THE ASSISTANT DIRECTORS: GOVERNANCE, PROCUREMENT AND COMMISSIONING & EARLY HELP & SUPPORT SERVICES

1.0 PURPOSE

1.1 To update the Health and Adult Care Scrutiny Committee on progress against savings plans in Early Help & Support for 2017 – 18.

2.0 RECOMMENDATIONS

2.1 **That the Committee consider the report and note progress.**

3.0 INTRODUCTION

To provide the support to meet assessed needs and to operate within budget is a significant challenge to the Early Help and Support Services and Governance, Commissioning & Procurement Teams.

There is new activity across the teams, for example throughout the service staff are being trained around an asset and strengths based approach focussing on what individual can do for themselves or with the support of their family or local community rather than what they cannot do. This is important when staff undertake reviews to enable them to focus funded support and integrate it with additional support from the community that promotes the person's independence whilst meeting their person's eligible needs under the Care Act. This approach is being embedded across the service and we are beginning to see better outcomes as a result of this change in approach. At the meeting there will be a presentation that details some of the successes that have been achieved.

Public communication about the new approach is planned in a Communications Plan, which will regularly share positive experiences/stories to evidence the changing offer from the Council and aims to inform the community about this change of emphasis from Early Help & Support Services.

Priorities

We continue to work to meet the corporate priorities to:

- “Protect and support our most vulnerable children and adults”
- “Improve the health and well-being of our communities and address health inequalities”

... and in accordance with the Council’s co-operative values of:

- Openness & Honesty
- Ownership
- Fairness & Respect
- Involvement

4.0 KEY INFORMATION

As members will recall there are a number of key principles that have or will influence how we deliver the Cost Improvement Plan:

1	To provide the service in the context of challenging the cost of care, the number of people receiving different types of care and the length of time that care is provided
2	We will operate based on a 4 year cost improvement plan about how the service will operate in 2019/20 and have incremental targets in the intervening years to meet this service plan and we will manage both price and activity
3	We will manage a short term cost improvement plan (contextualised by the long term cost improvement plan) to deliver in year savings and savings in 2017/18
4	We will consult and work with our service users about these plans and the future – generally and more specifically, as it may affect them, in plenty of time;
5	The fulfilment of our statutory responsibility to meet assessed need is paramount and will not be compromised;
6	We will work with our long term service users to plan for their long term future;
7	We will work with the Care sector to have a high quality service and a sustainable and competitive market;
8	We recognise that moving away from current residential accommodation might be difficult and could take time and might not be possible in some cases;
9	For new entrants we will only use residential care where we have explored other options and have found that this is the only way to meet their care needs in a safe way

5.0 FINANCIAL/VALUE FOR MONEY IMPACT

The Early Help and Support Budget

The 2017/18 savings are being made in accordance with a detailed Improvement Plan which is considered at regular officer meetings and meetings

with the Managing Director and senior members.

As part of the 2017/18 budget strategy a contingency budget has been included in the Council's budget strategy for the service area to drawdown if required. The contingency is provided as part of the strategy to change the way care is delivered and to cover the transition to a lower budget settlement for Early Help & Support.

This report has 3 appendices:

Appendix 1 – Financial update – Officers will outline a new dashboard that is being developed to demonstrate progress against savings measures

Appendix 2 - Cost improvement plan highlight actions.

Appendix 3 – Risks & mitigating actions

6.0 LEGAL ISSUES

This is an information report so there are no legal issues for members' consideration

Report prepared by Assistant Director, Jonathan Eatough, Governance, Procurement & Commissioning and Sarah Dillon, Assistant Director, Early Help & Support Services

Early Help and Support – Cost Improvement Planning – Report for Health & Adult Social Care Scrutiny Committee

Appendix 1 - Financial Position-Period 2: May 2017

	Budget £000's	Forecast Variation £000's (underspent)
		May 2017
Total position-Purchasing net of income	34,793	312
Total position-Other	9,407	(312)
Overall Total	44,200	Nil

The monitoring position reported assumes the activity targets established by the Service for 2017/18 are delivered reducing the expenditure in line with budget.

Appendix 2 – Action Plan

The information below illustrates the strategies being implemented to meet the savings required by the Improvement Plan based on the 4-year plan for delivery of Adult Social Services.

How
<p>Mental Health</p> <ul style="list-style-type: none"> • Review support. Make use of the Branches Service and SIAS – service offering telephone support, listening service and drop in sessions. Joint funded with CCG instead of domiciliary funded support and undertake regular reviews of those already in receipt of funded services • Move to supported living accommodation. Orchard Place is a new development and clients have been identified to move August 2017. • Undertake reviews of clients in nursing care and where appropriate apply CHC funding from the CCG • Commissioning to work with providers developing other supported living accommodation to prevent future admissions to residential care • Partnership work with SSSFT developing further with integrated pathways and MDT work starting and the development of a Telford MH Partnership Board to ensure the best use of the system wide resources
<p>Older People</p> <ul style="list-style-type: none"> • Encourage the use of the MyLife portal; the access to self-serve to increase signposting to other agencies as appropriate and offering information & advice at an early point to help people make their right choices about meeting their own needs using community and family support and reducing the need for funded support • Continue to undertake reviews to make sure that support provided remains appropriate

- New panel approach in place to discuss all new placements and exhaust alternative options where feasible whilst meeting statutory needs
- There is evidence of positive progress to reduce the numbers of over 65's moving into residential care and regional best performance as follows:

Age	National 2015/16	T&W 2015/16	T&W 2016/17 Indicative
18-64 Total Service Users	855 per 100,000 population	830 per 100,000 population	830 per 100,000 population
65 + Total Service Users	6,050 per 100,000 population	5,125 per 100,000 population	5,000 per 100,000 population
65+ Permanent Admissions to Residential & Nursing care	628.2 per 100,000 population	474.3 per 100,000 population	382.4 per 100,000 population

- Continue to promote shared lives and extra care schemes as alternative options to residential/nursing care
- Reduction of short term placements by undertaking reviews within 1 to 2 weeks for clients that are discharged from hospital. Allocation of extra resources from new iBCF to help facilitate this
- Maximising the use of Assistive Technology; Just checking service now implemented to enable people to remain in the community and reduce night time support. Front line staff trained on AT options
- Maximising use of OT services; moving & handling, disabled facilities grants and training
- Maximising use of community assets and voluntary sector services
- Focused work alongside reviews to reduce overall purchased domiciliary care hours
- Pilots been developed including community catalysts, innovators and well-being hubs to support communities to help themselves
- Development of CM2000 for recording home care delivery, ensuring payments are only made to care that has been provided. This will deliver significant savings
- Review of Continuing Health Care in terms of process to ensure that clients are accessing CHC as appropriate. Use of new iBCF for specialist CHC post to work with the CCG and ensure robust challenge and application of national criteria. We expect that this could result in more jointed funded and CHC care with the CCG.

Adults with Learning Difficulties

- Working towards optimum independence, aiming to reduce the number of people using formal day services and domiciliary care who needs could be met in a more independence focussed way, using local community resources. Work is also underway with corporate colleagues such as Public Health and Skills who can also assist with improving the numbers of those with ALD who progress to voluntary work or paid employment.
- Commissioning looking at options where more cost effective alternatives are available.

Physical and Sensory Disability

- Front line staff training undertaken on AT initiatives
- Avoid long term funded care
- Working with local clubs and setting up of information and advice hubs within the communities
- Maximising alternative options that promote independence and make best use of local resources

Appendix 3 – Risks and Mitigating Actions

Area	Risk	Mitigating Actions
Staff Capacity	<ul style="list-style-type: none"> • There is on-going work to improve the quantity and effectiveness of reviews and assessments – no significant changes to adult social care can be made without a review or assessment being undertaken and there is pressure on this resource that means that this can delay other savings initiatives. • Also reviews and assessments can lead to increase in care costs and well as decreases. 	<ul style="list-style-type: none"> • A major re-structure of early help and support and a change in working practices will improve this – we expect to see improvements in this from the beginning of the new financial year. • New appointments made and more planned • New SDM for Community Social Work starting September 2017 • Staff returning from Maternity leave
Market Sufficiency	<ul style="list-style-type: none"> • We have to balance the duty to secure competitive prices against the Council’s statutory duty to maintain sufficiency in the market. The threat to the on-going viability of many providers is a national issue – and we face the same issues in our local market. For example there are well documented cost increases for the sector, wage inflation caused by National Living Wage and lack of supply is driving prices up, there are increasing costs of regulation that the providers are having to bear. • As we reduce referrals to the residential sector we could see providers failing or withdrawing from the market. • A key element of the Council’s strategy is for the provision of alternative services, for example by way of direct payments and through Personal Assistants but take up is slow. 	<ul style="list-style-type: none"> • We are working with the sector wide body, SPIC, to understand the challenges that the market faces and with individual providers where appropriate - we want to identify a fair cost of care to inform price negotiations The cost of care locally is very competitive against regional and national comparators. • In respect of direct payments and Personal Assistants work is being undertaken to increase the take up of this option.

High cost placements	<ul style="list-style-type: none"> • If providers not willing to discuss price changes (aligned to changes in care plan or not) then change can only be effected through procurement processes which can have an adverse impact on service users. Providers can also withdraw from provision if they are of the view that services are no longer viable. • In respect of CHC's there is a risk that the local authority fund health care costs. 	<ul style="list-style-type: none"> • Work closely with service users and their families to ensure that they are fully involved in proposed changes. • In respect of CHC there are processes being put in place to ensure that we continue to monitor care packages to make sure that funding responsibilities are properly allocated.
Preventative Services	<ul style="list-style-type: none"> • Preventative services help to keep people out of more expensive services and avoid homelessness 	<ul style="list-style-type: none"> • The implementation of changes needs to be carefully planned, in consultation with service users and providers and we plan to provide a lot of similar services using a different model that is less reliant on Council funding. Again we are working with vulnerable people and it takes time to effect changes. • Maximising the use of MyLife Portal and My Choice for appropriate signposting to other agencies and Information & Advice • Project group in place to work through reducing the delivery of domiciliary care hours delivered and where appropriate convert and or offer direct payments as the first option for council funded care