

# Adult Social Care Business Strategy

2014/15 – 2017/18

Draft subject to agreement by Council in February 2014

## Introduction

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This is a new four-year business strategy for 2014/15 to 2017/18. It builds on the previous strategy agreed in 2011 which included savings of £119m for the council which have been achieved by reconfiguring services to establish a smarter, leaner and more cost effective operating environment, whilst at the same time reshaping services to fit the changed local and national policy environment.

However the hard work does not stop here as cuts in government grant and restrictions on council tax increases put further pressure on the council's budget. In addition there are new service pressures that have been identified which need to be managed. The latest financial outlook means that our Medium Term Financial Plan (MTFP) 2014/15 – 2017/18 that sits alongside this strategy proposes a further £64m savings in addition to the £31m already planned.

This new strategy reflects the updated position and incorporates the pressures and savings in the existing MTFP together with the new budget proposals that will be agreed by Council in February 2014. The detail of these pressures and savings is set out in the resources to deliver our priorities section.

This business strategy both drives and is driven by our strategic approach as set out in the council's Corporate Plan and determines our performance management framework.

## Adult Social Care Directorate Overview

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The Social & Community Services vision is to support and promote strong communities so that people live their lives as successfully, independently and safely as possible. We believe that people themselves, regardless of age or ability, are best placed to determine what help they need.

Local Authorities have a statutory duty to meet the needs of older, disabled and vulnerable people and their carers - this includes older people, adults with learning disabilities, adults with mental health problems and those with physical and sensory impairments. Social care needs are, in summary, activities of daily living, personal care such as going to the toilet, help with bathing and eating and in some circumstances help with occupation and activities during the day (for example for younger adults who may require access to training and employment). Access to support is normally through a professional assessment of need, guided by nationally set eligibility criteria. Local authorities can take resources into account when determining how those assessed needs should be met but we cannot refuse to meet people's eligible care needs.

People who meet the criteria for social care are financially assessed to see how much they should pay. Everyone in a care home makes a contribution towards the cost of their care, but people with over £24,000 of savings have to pay for all of their care costs irrespective of how that is provided. A significant proportion of older people in Oxfordshire fund their own care.

Over 90% of social care locally is delivered by third parties via a contract with the council. Working in partnership with the NHS, the council has a role in ensuring that there is a range of good quality services available to support people.

## Delivering the council's corporate priorities

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- **Thriving economy**

Adult social care (in partnership with the Clinical Commissioning Group) spends in excess of £400m per year on external services through its Pooled Budget arrangements. These services include a wide range of small, medium and large organisations either based or working within Oxfordshire and contribute to a significant number of employment and training opportunities across the county.

- **Support for the vulnerable**

We will continue to provide information and support to individuals and their carers to ensure people can live a life free from abuse and the fear of abuse and can have care and support which meets their needs. We will treat people as individuals and with dignity and respect. We will invest in reablement – this means helping people to maintain or regain their independence by learning or re-learning the skills necessary for daily living.

Prevention is also key to our approach in adult services. We want to keep people well and help them to live at home and remain active in their local communities for as long as possible, and avoid, reduce and delay the need for more complex care or admission to a care home. We will continue to enable people to live at home for longer through investment in equipment and assistive technology. We are working with our district council colleagues to increase Extra Care Housing, which enables people to live independently with varying levels of care and support on site.

- **Thriving people and communities**

Community development - including working in localities with districts and the NHS to support local decision-making about how best to support older people in their community - also remains important. We are investing in community networks to support people to stay in their communities for as long as possible by helping them access the information, advice and local services they need to make informed choices about how best to meet their needs.

### **How we work to deliver these priorities**

We are rolling out a programme of 'agile working' in order to support the new ways of working necessary to deliver these priorities. Agile working means: giving staff the right equipment and working environment to suit their role and service; working in a more flexible way that makes best use of staff time, buildings, and resources; and taking advantage of changes in technology and working styles to become more efficient. This will ultimately protect delivery of front line services as far as possible. For example, we have good working relationships with health, and staff are able to work from offices at the Clinical Commissioning Group and John Radcliffe Hospital. The Health and Wellbeing Resource Centres are used by health services and voluntary organisations to extend the use of the building and offer important support to service users.

# Services and Priorities

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## **What has already been achieved?**

Adult social care has already delivered savings of £39m by the end of 2013/14, whilst meeting increased demand for care. In the 18 months since April 2012 13% more older people have been supported; 7% more adults with a learning disability and 23% more adults with a physical disability.

Since April 2012 all adults eligible for social care support from the council have had their own personal budgets to use to make their own choices and have greater control over the way they live their lives. In 2012/13, we were in the top quartile of authorities offering personal budgets and had the highest use in the country of direct payments.

We have worked closely with providers of services to restrict price increases, and to significantly reduce the cost of home care from £25/hour to £17/hour. The number of staff employed by Adult Social Care has fallen by almost 30% since 2010, due to the outsourcing of services previously provided internally including the home support service, reablement service and Supported Living Service.

We have also improved the links between health and social care, including a significant increase in the amount of money that is spent from pooled budgets between the council and Clinical Commissioning Group.

## **Our Strategy and Approach**

The key elements of our strategy are:

- 1) Keeping people well through investment in services that prevent some people from needing social care, reducing or delaying the need for care.
- 2) To ensure people can live a life free from abuse and the fear of abuse.
- 3) Ensuring people have more choice and control over the way they are supported.
- 4) To develop long term support options that reduce the number of people admitted to care homes (especially residential care homes which do not provide nursing support), increase alternatives to care and develop community support that continues to keep people safe in their own homes.
- 5) To facilitate a market of good quality services that can be used by everyone.

### **1) Keeping people well**

Providing low level support to keep people well and prevent them from needing more intensive (and expensive) care. Services include information and advice, reablement (to aid recovery after illness), falls prevention, support to family carers, employment, assistive technology, equipment and day services.

### **2) Ensuring people can live a life free from abuse and the fear of abuse**

The council has a safeguarding role for all vulnerable adults, ensuring that people live their lives free from abuse and taking action to protect people where necessary. In 2012/13 there were 2,288 safeguarding alerts raised, 608 converted to referrals.

### **3) Ensuring people have more choice and control**

We use a set formula to calculate how much money (personal budget) should be allocated to a person who is eligible for support from adult social care. The size of the personal budget will reflect the scale and complexity of their care needs but also the availability of informal care from their families and friends. People can choose to be given money in the form of a Direct Payment to buy their own care. We are still responsible for making sure that their care needs are met.

### **4) Develop long term support options that reduce the number of people admitted to care homes**

We do this by providing services such as home care, respite, day services, occupational therapy and equipment in people's own homes. We are also developing alternative housing options that reduce the number of people admitted to care homes such as Extra Care Housing and Supported Living. We work with the Oxfordshire Clinical Commissioning Group who commission health care and NHS providers to provide better round the clock health care to prevent hospital admissions for the most complex needs and to discharge people back home. This includes multi agency integrated teams and joint commissioning.

### **5) Market facilitation**

To facilitate a market of services that can be used by everyone and that support the capacity of communities to care. There is a focus on quality, contract management and encouraging consumer feedback.

### **Working with Health**

We need to work even more closely with Health partners. One of the main concerns from people needing care is that the different groups of care professionals don't talk to each other and there are too many "handoffs or handovers". The challenges facing the health service are the same as those facing adult social care. There are increasing demands for care from a relatively small proportion of the population. Financial resources are not increasing in line with those demands so we need to focus on intervening early and quickly to limit the extent to which care needs increase. This will require radical changes in health in particular as resources are focused on care in the community rather than in hospitals.

The Health and Wellbeing Board is a partnership between local government, the NHS and the people of Oxfordshire (chaired by the Leader of the council). It includes local GPs, councillors, Healthwatch Oxfordshire, and senior local government officers. The board has been set up to ensure that we work together to improve everyone's health and wellbeing, especially those who have health problems or are in difficult circumstances. The creation of Health and Wellbeing Boards has brought local government much closer to decision making within the health service.

Integrated local teams will be in place by April 2014 which will bring together social workers and occupational therapists with community health staff and GPs. Joint commissioning strategies for all our client groups have now been agreed. A larger pooled budget with the Oxfordshire Clinical Commissioning Group has the potential to move resources to where they will achieve the best outcomes for people.

### **Overview of other strategic plans**

The Health and Wellbeing board provides strategic leadership for health and wellbeing across the county and is responsible for the development of Oxfordshire's Joint Health and Wellbeing Strategy. This Strategy contains priorities of direct relevance to Adult Social Care, and that are in keeping with the strategic direction set out above, including: supporting adults with long term conditions, physical or learning disability or mental health problems to live independently and achieve their full potential; supporting older people to live independently with dignity whilst reducing the need for care and support, and; working together to improve quality and value for money in the Health and Social Care System.

The council also has Joint Commissioning Strategies, developed with the Oxfordshire Clinical Commissioning Group, that set how we will work together to ensure the needs of specific groups of people will be met. These include people with learning disabilities, autism, physical disabilities, mental health, and older people.

We also continue to work closely with colleagues in the NHS to develop plans that support more seamless working across health and social services and more efficient use of resources. This includes the Integration Transformation Fund that will see up to £38m dedicated to this purpose from 2015 onwards.

## How our services are changing

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In future we will focus on continuing to ensure there is good quality support available to meet the assessed needs of eligible people, supporting them to live independently and keep well whilst ensuring the services are delivered as efficiently as possible. However, to make the necessary savings we will stop supporting non-statutory activities which are not essential for adult social care.

We will continue to focus on reducing the numbers of people who need personal care, by focusing on intervening earlier to prevent people needing any care or to reduce the level of their care needs. We will also continue to explore and exploit ways to reduce the cost of providing care, such as working with providers to reduce the hourly rates without compromising quality and increasing the use of assistive technology. We will also seek to charge for services wherever possible and sensible to do so, without placing people at unnecessary risk if they cannot afford to pay for their care.

We are already delivering a number of savings previously agreed, and this includes changing the way that some services are delivered. These include efficiencies in the provision of services for older people, investing in preventative services and equipment to support people to live at home and reduce the cost of care in the longer term, reviewing existing contracts and working with providers to reduce cost to the council, reviewing the internal Learning Disability Service, and reviewing the level of funding people need to meet their eligible care needs as a result of more efficient services.

In summary, our further proposals for 2014-15 to 2017-18 are as follows:

### **Investment to help meet increased demand for social care**

There are a number of planned savings that assume that we will be able to reduce the need for care. However, this year we have seen increasingly high levels of need, leading to increased demand for expensive packages of care. This repeats the trend from last year, with more care home placements and more hours of home care provided.

This creates pressures to meet the cost of extra care home placements and more hours in future years, and means we cannot rely on the planned savings that assume that the need for care will fall. It is also important that we invest permanently in the discharge to home service that helps get people home from hospital as soon as they are ready to leave, and the equipment budget to meet increasing demand to support people to live independently at home for as long as possible.

There will therefore be an overall four-year investment of £14.9m to help meet the increasing demand for adult social care within the pooled budgets the council shares with Oxfordshire Clinical Commissioning Group.

### **Resources from the Integrated Transformation Fund to protect adult social care services**

Central Government has already announced that £2 billion nationally of NHS funding will be made available to adult social care through the Integration Transformation Fund. Oxfordshire's share of this is likely to be around £38 million, of which around £20 million will be money not previously available to adult social care. We are working with partners in the Clinical Commissioning Group to agree how this will be utilised to improve outcomes for service users. Around £10m is dependent on improving performance on a number of hospital related activities, but the remainder is expected to be directed at supporting the needs of frail older people living in the community.

### **Working closely with providers to generate efficiencies in contracted services**

We will continue to work in partnership with all service providers to review the way services are delivered in Oxfordshire to ensure that such services are accessible, of the right quality and at an affordable cost for all people who need to arrange their support. This includes services purchased by the council, individuals who elect to purchase directly using their Personal Budget, and those members of the public who choose to buy services privately.

We will work closely with providers in the planning, delivery, monitoring and review of local services, and introducing more outcome based service contracts. We will also encourage the use of provider self-assessment systems and user evaluation of services, and work with providers to review and reduce back-office and transactional cost efficiencies such as shared training to reduce costs and the joint development of a workforce strategy

Alongside this and to generate efficiencies we will continue to promote reablement and recovery throughout all services to ensure that resulting support packages are appropriate to a person's needs, promote the expansion of Self Directed Support and a direct relationship between service users and providers, and set annual price reviews based on an improved understanding of the cost of care in Oxfordshire. We will also review high cost placements and wherever possible secure alternative provision at a more affordable cost that continues to meet a person's needs,

### **Close working with learning disability service users to find new ways of working whilst ensuring assessed needs continue to be met.**

We are already working with providers of care and support to explore ways of delivering care in a more cost effective and efficient way. This is being achieved through better use of assistive technology to replace paid support; development of properties to deliver greater economies of scale and to support people in their own homes in the community rather than in a residential setting; increased use of community resources; decommissioning of services which are no longer affordable as well as developing new and improved services which meet the needs of individuals, offer a quality service and are affordable within personal budgets.

This approach has proved successful for a number of years, increasing efficiency and delivering positive outcomes and increased independence for people with learning disabilities. It is proposed to continue this approach to be able to deliver further savings. We will continue to work in close partnership with support and housing providers and by involving people with learning disabilities and their representatives in decision making and planning

### **Seeking alternatives to the current brokerage service**

We know that people who fund their own care are usually able to arrange support with the assistance of family and friends, and by making better information available we will make this easier both for people who fund their own care and for those who receive funding from the council. Through the Adult Services Improvement Programme there is work underway to improve information and advice, to simplify processes, and to support people to carry out self-assessment and take greater control of their support arrangements. This is expected to enable many people to arrange their own support using their personal budgets, meaning people will have greater control over the decisions about their care.

The brokerage service acts to advise service users on how they should spend their personal budget to meet their care needs. However, as assessments are carried out by locality social work teams we believe brokerage involves a level of duplication, with people needing to get to know another person and repeat information when they are introduced to a broker for support planning.

We will therefore stop funding brokerage services. In some cases people with complex needs may require support from the locality social work teams if brokerage services are no longer available. However, it is also possible that some providers may be able to identify alternative sources of funding in order to continue to deliver a brokerage service, and so it is proposed to offer a long notice period to allow time to explore alternatives.

### **Continuing to fund information and advice for people who may need or are eligible for social services, but withdrawing support for mainstream welfare rights advice and advocacy**

We will no longer provide funding for non-statutory information and advice and advocacy services commissioned externally. We will focus on our statutory responsibilities and maintain funding for information and advice to older people, carers, people with impairments and disabled people – including the Independent Living Centre. Funding will also be maintained for statutory advocacy e.g. Independent Mental Health Assessments.

The majority of these services are funded through a grant or contract and are all due to finish in March 2014. The county council funding provides a contribution to the service delivery and not for the whole service activity. In order to give organisations and service users time to adjust and find alternative sources of funding it is proposed that funding will be provided for a further year until March 2015.

### **Stop subsidising meals, laundry & shopping**

We will no longer subsidise these services as only a limited number of people are using them, and will seek to identify alternatives for people to use at no cost to the county council. This may include increasing the charges for these services to recover the existing subsidy, and amalgamation into eligible people's personal budgets. It may also include alternative ways of providing these services, such as linking to supermarket home delivery services in the case of meals. We will make sure no one who is eligible for care is left without support.

### **Supporting our staff to work more efficiently, reducing bureaucracy and streamlining process**

We will undertake a comprehensive review of existing processes and procedures, with the aim of delivering more than 10% improvement in productivity through better ways of working. This will reduce pressures on staff, enable quicker responses and create more capacity to cope with increasing safeguarding alerts.

As a result of the Adult Social Care Funding Reform for 2015 onwards our services will need to meet the increased demand for new assessments. Increased activity will result from people who previously would have self-funded their care and will now be seen much earlier, and in monitoring care accounts to ensure people do not spend beyond the governments stated cap of £72,000 in their lifetime. The Government is expected to provide additional money to cover the increased demand for assessments, so by using smarter working to free up operational staff to meet the additional demands of the Funding Reform for Adult Social Care without requiring further investment an overall saving can be made whilst minimising the risk of redundancies

### **Maintaining support to those most in need through the Oxfordshire Support Fund, such as care leavers, but withdrawing general awards and signposting to alternatives**

The Oxfordshire Support Fund was established in April this year to replace Care awards and Crisis Loans which used to be provided by central government (the Department of Work and Pensions) through the Social Fund. It has been designed for people who are vulnerable and need help to meet their basic needs.

The Fund has been underused and it is not a statutory requirement. There is also evidence that take up of similar funds across the country has been lower than anticipated, suggesting this is not unique to Oxfordshire. We also believe this type of support may be better delivered by the voluntary or charitable sector. However it is recognised that we have a responsibility to provide assistance to certain groups of vulnerable people in Oxfordshire, and care leavers in particular, and that a small award can help to prevent problems from escalating and enable people to manage independently. It is therefore proposed that the Fund should be reduced by

two thirds and the contract for administration with an external provider is ended, but that awards will continue to be available to some specific groups.

### **Reduction in line with central government reductions in Supporting People funding**

Central Government gives the county council funding for housing related support through the Supporting People fund. This is used to pay for hostels for homeless people, floating support and housing support for victims of domestic violence and people with drug problems. The Government funding has significantly reduced year on year and is now less than our actual spend (£9.5m compared to £15.4m). The county council reduced spend by £2.3m but absorbed the remainder of the funding reduction, largely protecting spending on housing related support of most importance to district councils and Oxford City Council.

Given the new financial circumstances we cannot afford to continue with this arrangement, and are proposing that funding is reduced by 38%. We will work closely with the district and city councils to consider how best to manage this reduction, with proposals to be developed by the Health Improvement Board and agreed by the Health and Wellbeing Board once developed.

### **Continued work to identify further savings over the four-year period**

The scale of the reductions in funding means that more savings will need to be found over the coming four years. We believe it will be possible to further reduce the demand for care for older people by investing in preventative services, and to challenge the price paid for care and support more effectively. There may also be scope to reduce demand as a result of investments from the Integration Transformation Fund. Detailed proposals will be developed over the period based on what is already working in reducing costs and new ideas as appropriate and reported to Cabinet at appropriate times.

## **Managing our performance**

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The successful delivery of the council's corporate plan and business strategy will be monitored on a quarterly basis by the Performance Scrutiny Committee and Cabinet. Progress will be published on the council's website.

A series of performance indicators will be used to assess our performance in delivering the priorities set out in this strategy. Performance Indicators are currently being developed by directorates and will be considered by the Performance Scrutiny Committee.

Once agreed directorate performance indicators will form an appendix to this strategy.

# Resources to deliver our priorities

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## Draft Medium Term Financial Plan - Adult Social Care

	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m
Base Net Budget	179.0	184.8	172.4	171.6
Virements Agreed in 2013/14				
Inflation*	2.3			
Previously Agreed Pressures	6.9	2.8		
Previously Agreed Savings	-10.9	-1.0	-2.0	
New Savings Proposed	-2.5	-11.8	-2.7	-5.0
New Pressures Identified	10.0	-2.4	3.9	3.4
<b>Proposed Budget</b>	<b>184.8</b>	<b>172.4</b>	<b>171.6</b>	<b>170.0</b>

\*Inflation only allocated to directorates in 2014/15

## Details of Previously Agreed and Proposed Budget Changes

Reference	Type of Budget Change	Detail	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	Total £'000
		<b>Older People - 2013/14 Net Budget £73.017m</b>					
SC22	S	A review of the servicing and maintenance of stair lifts, step lifts and through floor lifts	-13				-13
S33	S	Potential savings by limiting contract inflation - work to keep costs of contracted services down by expecting providers to make efficiency savings in the costs of providing their services	-52				-52
14SCS22	S	Efficiencies in the provision of internal older people day services	-80				-80
S31	S	The need for staff directly employed by the council is reduced as more people take up the option to arrange and purchase their own care through a personal budget	-51				-51
14SCS9	S	Invest in early client intervention to reduce the cost of care in the longer run.	-1,500				-1,500
SCP16	P	Continuing Care - Reduction in additional activity as a result of improvement in the assessment and use of evidence to agree continuing health care eligibility under the national framework policy. This is a variation to previous year's plans.	-200				-200
SCP19	P	Future Demography - Older People - more people are living longer putting increasing pressure on budgets; this reflects the national situation.	2,342				2,342
S3	P	Demography Increase - Older People - more people are living longer putting increasing pressure on budgets; this reflects the national situation.	105				105
S31	P	Demographic pressures - due to improvements in healthcare there are more people with complex needs who are living longer putting increasing pressure on budgets; this reflects the national situation. In addition, the number of students with support needs arriving in Oxfordshire to study are increasing. This will be spent on external home support.	164				164
14SCS2	P	Care Homes - impact in subsequent years of additional placements made in 2012 together with more complex care needs increasing the average cost of care.	700	-2,200			-1,500
S8	S	Care Home Placement Reduction - savings from reducing the number of older people admitted to care homes and providing alternative services for people in their own homes. This will provide better outcomes for older people as well as achieving efficiencies for the council.	-490				-490

O - Previously Agreed One-Off Investment

P - Previously Agreed Pressure

S - Previously Agreed Saving

NS - New Saving Proposal

NP - New Pressure Identified

## Details of Previously Agreed and Proposed Budget Changes

Reference	Type of Budget Change	Detail	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	Total £'000
		<b>Older People Continued</b>					
S4	S	Review of Oxfordshire Care Partnership (OCP). The Council is working with the Oxfordshire Care Partnership to explore ways of meeting long term care needs in a way that reduces the cost of providing services and leads to developments to achieve efficiencies.	-884				-884
14SCS1	P	Proposed agreement with the Oxfordshire Care Partnership will achieve £2.8m savings in total (including earlier year's savings) compared to initial assumed savings of £3.8m	500				500
14SCS7	S	Greater use of assistive technology to enable more people to remain in their homes for longer and reduce the need for home support	-200	-250	-250		-700
14SCS8	S	Provide prevention services that encourage older or vulnerable people to remain independent and reduce their need for more expensive care services.		-500	-500		-1,000
SC38	S	Net savings from the Care Homes for Older People project having taken account of the costs of prudential borrowing (HOPS project phase 1 new build)	-3				-3
S39	S	£1m of expenditure on the Homes for Older People programme will be funded by other capital resources rather than prudential borrowing resulting in a saving on the borrowing costs for the directorate	2				2
S6	S	Limit Contract Inflation - work to keep costs of contracted services down by expecting providers to make efficiency savings in the costs of providing their services	-1,925				-1,925
S7	S	Older People - Savings from the Resource Allocation System (RAS) which is used to allocate personal budgets to service users. Efficiencies from the move to Self Directed Support and Personal Budgets will result in more efficient delivery of care	-391				-391
14SCS5	S	Older People's Pool to meet own pressures.	-1,150	2,200			1,050
14SCS21	S	Review of Older People's day services		-300			-300
14SCS26	S	Additional NHS Funding - Social Care transfer	500				500
14SCS26	S	Additional funding from White Paper to support better integrated care and support	-1,000				-1,000
15SCS1	NS	Resources from the Integrated Transformation Fund to protect adult social care services	-2,000	-8,000			-10,000
15SCS2	NS	Working closely with providers to generate efficiencies in contracted services		-400	-400	-400	-1,200
15SCS3	NS	Supporting our staff to work more efficiently, reducing bureaucracy and streamlining process – establishing efficiency savings in preparation for increased demand generated by funding reform, which we expect will be funded by central government			-1,500		-1,500
15SCS4	NS	Seeking alternatives to the current brokerage service		-600			-600
15SCS5	NS	Stop subsidising shopping, laundry and meals service.		-200			-200

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## Details of Previously Agreed and Proposed Budget Changes

Reference	Type of Budget Change	Detail	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	Total £'000
		<b>Older People Continued</b>					
15SCS6	NS	Continuing to fund information and advice for people who may need or are eligible for social services, but withdrawing support for mainstream welfare rights advice and advocacy.		-300			-300
15SCS7	NS	Continued work to identify this saving over the four-year period				-2,800	-2,800
15SCS8	NP	Investment to help meet increased demand for social care (also see additional demography under 'All Client Groups')	10,000	-2,400	-1,100	-1,600	4,900
		<b>Subtotal Older People</b>	<b>4,374</b>	<b>-12,950</b>	<b>-3,750</b>	<b>-4,800</b>	<b>-17,126</b>
		<b>Learning Disabilities - 2013/14 Net Budget £61.855m</b>					
SCP30	P	Future Demography - numbers of people with learning disabilities are increasing due to longer life expectancy and people with complex physical and health needs surviving into adulthood. Both these factors mean that not only are numbers rising, but the amount of care and support individuals need is increasing	2,900				2,900
S9	S	Rephasing of demographic pressures for Learning Disabilities.	-801				-801
S14	P	Impact of national changes to the Independent Living Fund.	175				175
SC71	S	Review of Internal Learning Disability Service - The plan to reduce funding to the internal supported living and day services by £1m over two years has partly been achieved through a management restructure. The remaining savings are now being achieved over three years from 2012/13 through purchasing the service from external providers.	-250				-250
S16	S	Savings from Learning Disabilities Resource Allocation System (RAS) which allocates personal budgets to service users. Efficiencies from the move to Self Directed Support and Personal Budgets will result in more efficient delivery of care. We therefore aim to reduce people's personal budgets by approximately 12% over 4 years. Proposals are aimed at reducing reliance on paid services and reducing unit costs of services through a wide range of activities so that people continue to be able to meet their eligible needs within the reducing budget	-1,300				-1,300
14SCS16	S	More efficient delivery of care leading to reduced cost of Learning Disabilities Resource Allocation System		-1,000	-1,000		-2,000

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## Details of Previously Agreed and Proposed Budget Changes

Reference	Type of Budget Change	Detail	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	Total £'000
		<b>Learning Disabilities Continued</b>					
S17	S	Learning Disabilities - Limit Contract Inflation - work to keep costs of contracted services down by expecting providers to make efficiency savings in the costs of providing their services	-309				-309
15SCS9	NS	Close working with learning disability service users to find new ways of working whilst ensuring assessed needs continue to be met		-800	-800	-1,800	-3,400
		<b>Subtotal Learning Disabilities</b>	<b>415</b>	<b>-1,800</b>	<b>-1,800</b>	<b>-1,800</b>	<b>-4,985</b>
		<b>Physical Disabilities - 2013/14 Net Budget £10.666m</b>					
S18	P	Additional demography - provision for demographic pressures for adults with a physical disability and or brain injury is below that forecast nationally and needs to be increased in line with the national average.	206				206
S19	S	Physical Disabilities - Savings from Resource Allocation System - the Resource Allocation System (RAS) allocates personal budgets to service users. Efficiencies from the move to Self Directed Support and Personal Budgets will result in more efficient delivery of care	-98				-98
14SCS12	S	More efficient delivery of care leading to reduced cost of Physical Disabilities Resource Allocation System	-100	-100	-200		-400
		<b>Subtotal Physical Disabilities</b>	<b>8</b>	<b>-100</b>	<b>-200</b>	<b>0</b>	<b>-292</b>
		<b>Mental Health - 2013/14 Net Budget £9.113m</b>					
S20	S	Potential savings from Oxfordshire & Buckinghamshire Mental Health service workforce as a result of the introduction of self directed support	-50				-50
S21	S	As part of the mental health strategy we will offer self directed support to eligible people that supports greater independence and self-management of care within a recovery pathway					0
S22	S	Keeping People Well - further efficiencies from 2012/13 - the creation of a pathway in day services that both prevents people becoming so unwell that they need to use adult social care services and promotes recovery so that people can self-manage their own care in the wider community	-150				-150

O - Previously Agreed One-Off Investment

P - Previously Agreed Pressure

S - Previously Agreed Saving

NS - New Saving Proposal

NP - New Pressure Identified

## Details of Previously Agreed and Proposed Budget Changes

Reference	Type of Budget Change	Detail	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	Total £'000
		<b>Mental Health Continued</b>					
S23	S	Support to Independent Living - this will be managed by the creation of a housing pathway that supports people to move through from hospital to supported living to independent accommodation and makes the most efficient use of resources. The pathway pools adult social care, health and Supporting People investment in housing for people with mental health problems	-134				-134
		<b>Subtotal Mental Health</b>	<b>-334</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-334</b>
		<b>All Client Groups - 2013/14 Net Budget £6.838m</b>					
14SCS6	S	Closer working with Health, generating efficiencies by pooling budgets and integrating care.		-1,000			-1,000
	P	Demography		5,000			5,000
15SCS10	NP	Demography			5,000	5,000	10,000
15SCS11	NS	Reduction in line with central government reductions in Supporting People funding for Housing Related Support		-1,500			-1,500
		<b>Subtotal All Client Groups</b>	<b>0</b>	<b>2,500</b>	<b>5,000</b>	<b>5,000</b>	<b>12,500</b>
		<b>Joint Commissioning - 2013/14 Net Budget £7.081m</b>					
14SCS25	S	Review of Joint Commissioning (saving will be across Children, Education & Families and Social & Community Services)	-500				-500
15SCS12	NS	Stop Funding Social Fund except care leavers	-500				-500
		<b>Total Joint Commissioning</b>	<b>-1,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-1,000</b>
		<b>Total Adult Social Care</b>	<b>3,463</b>	<b>-12,350</b>	<b>-750</b>	<b>-1,600</b>	<b>-11,237</b>

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