



Business Strategy

2012/13 – 2014/15

Social & Community Services Adult Social Care

Directorate Statement

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.

There are four key elements of our overall Social & Community Services strategy as explained below:

1) Prevention “keeping people well”

By supporting people early on some individuals may not need to use adult social care services. Other people may need less support or not need it until later. Savings will be delivered through developing long term support options that prevent more people from having to go into hospital or a care home. We can also create other ways to care and support people safely which will save money at the same time.

2) Personalisation “promote choice and control”

Personalisation is a new way of working which the council was developing before the most recent changes to public spending. It is a way of working which makes sure people have more choice and control over the way they are supported in living their lives. One part of this is called self directed support. Using this new way of working people who are eligible for social care support from the council, can decide how they want to be supported through their personal budget. People are allocated a personal budget which is calculated using a formula called the Resource Allocation System. Savings are possible through providing services more efficiently. Personalisation is also about developing services that can be used by anyone and not only people who have care and support needs.

3) Protection “keeping people safe”

We have to ensure that people do not have to worry about becoming vulnerable. We have to ensure that they can live a life free from both 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.

4) Partnerships “working together”

We will achieve our overall strategy and efficiencies through working together with people who use services, carers and the wider community alongside our partners in the

- health sector
- district, parish and town councils

- community, voluntary and faith sector
- fire & rescue and police services
- independent sector

Adult Social Care

The Adult Social Care Strategy

In partnership with the Health Service, Social & Community Services delivers crucial care services to the adult population of the county. We support the health and wellbeing of all adults by managing, designing and delivering/ procuring adult care services – this includes services for older people, adults with learning disabilities, adults with mental health problems and those with physical and sensory impairments. The key elements of the strategy over the next 5 years are:

- 1) Keeping people well through investment in services that prevent some people from needing to access social care services and by reducing or delaying the need for care for others. The types of services include information and advice, reablement (short term help people to recover their abilities to look after themselves after an operation or accident), falls prevention, continence services, dementia services, carers support services, services for social isolation, employment, assistive technology, occupational therapy, equipment and day opportunities.
- 2) 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 take action to protect people where appropriate.
- 3) Ensuring people have more choice and control over the way they are supported in living their lives. Self directed support is the means by which people are allocated a personal budget, based on their needs, to arrange and purchase their own care and support. Most services are purchased from providers external to the County Council and this will increase over the next 2 years. The Resource Allocation System uses a formula to calculate personal budgets for people who are eligible for support from adult social care. This personalisation stream will significantly change both our workforce and our relationship with service users and providers. We need to manage demand and unit costs and we need to do this in partnership with service providers to ensure that personal budgets will be sufficient to enable people to purchase their care from a range of providers and still meet their needs.
- 4) To develop long term support options that increasingly reduce the number of people admitted to care homes and increase alternatives to care and support that continue to keep people safe in their own homes. This will provide better outcomes for people as well as achieving efficiencies for the council. We have to reduce the number of people going into residential care and we are generally low

users of residential care except for older people. In the past, we have had very little Extra Care Housing. We have a major programme to significantly increase provision in Oxfordshire. We are also developing other models of care.

- 5) To promote services that can be used by everyone and that support the development of communities and opportunities for meaningful occupation

We will achieve this strategy through working together with people who use services, carers and the wider community alongside our partners in Health. There is scope for much closer working with Health and in genuinely pooling resources which could achieve more effective use of public resources.

Adult Social Care Overview

The Budget

The table below represents the gross budget for adult social care in 2011/12 and the proposed net savings from 2011/12 to 2014/15. It also confirms the total number of adult social care employees in 2011/12 and the planned reductions in staff.

Directorate	Adult Social Care
2011/12 Gross Budget	£229.940m (includes £16.197m of Support Charges and £158.685m contribution to Pooled Budgets with the NHS)
2011/12 FTE	975.65 FTE (as of the 30 th June 2011). This does not include those employed by externally purchased services but does include internally provided services. Nearly all of these are being transferred to other organisations or in the case of the Internal Home Support service being closed down

Year on Year changes as per 2011/12 – 2015/16 MTFP	2012/13 £m	2013/14 £m	2014/15 £m	Total £m
Previously Agreed Pressures and Funding	6.338	4.089	5.504	15.931

Includes the effect of National Insurance variations and savings relating to terms and conditions now allocated to Directorates

Variations to MTFP Savings

Year on Year	2012/13 £m	2013/14 £m	2014/15	Total

Previously Agreed Savings	-10.346	-4.128	-6.667	-21.141
Variations to 2011/12 MTFP Savings	3.352	-0.244	-0.144	2.964
Revised Savings	-6.994	-4.372	-6.811	-18.177

Adult social care comparative spending in 2011/12

Overall Oxfordshire is a low spending authority on adult social care. Final figures for 2009/10 show the county to be the 10th lowest spending authority out of the 150 authorities with adult social care responsibility, with provisional 2010/11 figures ranking Oxfordshire as the 9th lowest spending authority. Authorities are split into families of similar demographic characteristics. Oxfordshire was the 4th lowest spending authority in our family of 16 authorities in 2009/10 with a provisional ranking of 5th for 2010/11.

Annual Adult Social Care Performance

Overall adult social care is a low spending, but high performing service. In February 2011 questionnaires were sent to over 2000 people who used services purchased by adult social care and 558 responses were received. 90% of people who responded were satisfied with the services they received, compared to only 3% of people who expressed dissatisfaction with services. In some client groups there are waiting lists for assessments, for new services and for reviews. Significant additional funding has been made available to ensure delays are reduced across the system combined with a renewed focus on assessment and reviews. There is also a question of whether there are emerging demands for health and social care which are greater than we had anticipated.

Adult Social Care Statutory offer

The offer that we are obliged by statute to offer can be summarised as:

- Statutory requirement to assess and meet care needs providing people meet our eligibility criteria
- Individuals have to pay towards their care if they have the means to do so (this will continue if the Dilnot report commissioned by the government is implemented but there will be a cap on contributions)
- The council can arrange care directly if people do not wish to do so themselves
- Care plans cannot be changed by the Council without a reassessment of need
- Offering Direct Payments if individuals want one
- Keeping people safe but also supporting people to make their own decisions providing they are capable of doing so
- Support informal carers to care
- Advocacy and Involvement e.g. Local Involvement Network

Overview of Adult Social Care progress in 2011/12

Oxfordshire County Council's overarching goal is to ensure 'a thriving Oxfordshire', by maximising growth, enhancing the environment and sharing the benefits of growth as widely as possible. Adult Social Care continues to support 'a thriving Oxfordshire' by promoting strong communities so that people live their lives as successfully, independently and safely as possible.

The key elements of the adult social care strategy remain the same. Adult social care continues to promote services that keep people safe, give people more choice and control and keep people well whilst preventing people from needing to access social care services and delaying the need for care for others.

- Overall, adult social care service will achieve its savings in 2011/12. Whilst people who receive services say they are satisfied, there have been significant pressures due to increasing demand. The development of new locality teams and the performance management arrangements that accompany them will improve the capacity of teams and enable them to have a greater focus on assessments and reviews as well as bringing decision making closer to where people live.
- Working with the Oxfordshire Clinical Commissioning Group, work is being carried out to understand what is happening to demand across the health and social care system and to invest in the right new developments which will deliver the strategy. Progress has been supported by targeted extra money from the NHS which has contributed to a significant increase in the level of adult social care.
- The budget for the internal home support service has been reduced and there are no unanticipated impacts or delays.
- We are developing alternative long term support through extra care housing and other supported housing models to reduce the number of people admitted to care homes.
- Partnerships with providers of services in Learning Disability and Mental Health have enabled a joint approach to delivering savings which are on target.
- A joint commissioning strategy will be developed with Health to improve the commissioning arrangements for people with a physical disability and/or brain injury. However, there is an underlying pressure on this budget which needs to be resolved.
- We have negotiated and agreed fees with individual service providers for 2011/12. Further assessment, negotiation and consultation with those providers about fees will be necessary for each forthcoming year of the Business Strategy.

Service areas where proposals agreed in the 2011/12 Business Strategy need to be revised

The majority of the savings proposed in last year's detailed Business strategy are in the process of being delivered. The following are a few areas where savings need to be revised:

- We have delivered significant savings from reducing the number of employees directly employed by the Council as more people take up the option to arrange and purchase their own care through a personal budget. However, the potential savings from the reorganisation of the adult social care locality teams and the introduction of the brokerage service were overstated last year by mistake. This leaves a shortfall of £0.648m which needs to be funded.
- Transport – we plan to provide transport for those who meet eligibility criteria and require it to access services. For those who are not eligible they will need to access services either through their own means or pay for transport provided by the council or other organisations. This approach which is a change to the proposals set out in the Business Strategy for 2011/12 – 2014/15 will deliver fewer savings than anticipated previously and will take longer to deliver the savings.
- The plan to reduce funding to the Learning Disability internal supported living and day services by £1m over 2 years has partly been achieved through a management restructure. The remaining savings will now be achieved over 3 years through purchasing the service from external providers to enable the service to be provided more efficiently.

Potential financial pressures in 2012/13

There are challenges involved in delivering the existing proposed efficiency savings and some of the pressures have been reviewed as more information has become available.

- **Demography** – Oxfordshire identified demographic pressures of £4.3m for 2011/12 – in line with the national average of £4.1m. The current pressures for older people and people with a learning disability in the medium term financial plan appear to be robust. Although some authorities identify a demographic pressure for adults with mental health problems, Oxfordshire does not and can see no compelling case for doing this. The calculation for demographic pressures for adults with a physical disability is below those forecast elsewhere and is believed to be unrealistically low and needs to be brought in line with the national average. The calculation should be worked out based on the numbers of people receiving mobility allowance. This would increase the pressure by £0.204m and restore the link to the proper demographic level.
- The low level of **demographic funding for adults with physical disability** has led to the current budget being out of line with spending despite the pursuit of potential savings. It will require an additional £0.596m extra in 2012/13 (on top of the £0.204m set out above) to bring the budget to a realistic level. In addition, it will be necessary to find resources to eliminate the overspending that is expected on this budget during the current year.
- The number of people with an **acquired brain injury** has increased and the budget needs to be increased accordingly.
- **Autism** - The Autism Act 2009 and the subsequent statutory guidance requires local authorities and the NHS to seek to improve services for adults with autism, their families and carers. It is envisaged that further investment of £0.050m in 2012/13 rising to £0.150m in 2014/15 will be needed to meet the potential demands particularly of the needs of people at the higher end of the autistic

spectrum and ensure a robust pathway exists, Work is underway to predict costs, which will include identifying areas where savings can be made through improving this pathway.

- We are working with the **Oxfordshire Care Partnership** to explore ways of meeting long term care needs in a way which reduces the cost of providing services and achieve savings. This proposal has been subject to an extensive review. Further work is still required. However, we expect to be able to deliver most of the £3.8m savings set out in the existing Service and Resource Plan. Any shortfall will have to be managed within the overall budget for older people.

The Directorate is making the following contributions towards delivering the Council's business strategy

- 1. Changing the way we work** - Adult Social care is contributing to new ways of working by re-structuring services, merging support functions with the Children, Education and Families directorate and implementing an upgraded information system which supports efficiency and improved data recording.
- 2. Reshaping Management** - all of the teams within adult social care have been reorganised or are in the process of being reorganised and streamlined and some of the services provided by the Council will now be provided by organisations outside of the County Council. A new joint commissioning service that creates a more efficient service across adults and children's services is in the process of being established.
- 3. Customer Services Centre** - the Social and Health care team has moved into the corporate customer services centre and is providing the first point of contact for people regarding social care and support.
- 4. The Asset Management strategy** – the strategy for Adult Social care is focused on preventing the need for people to be admitted to care homes and the development of extra care housing which supports people to live in their own homes.
- 5. Customer Focus** – Adult social care supports an annual event (“Hearsay”) where service users and carers meet with senior managers to discuss the issues that are important to them. An action plan is then developed and monitored to ensure customers views are heard and enacted upon. The transformation of adult social care has resulted in service users having greater control over how their needs are met by directing their own support through a personal budget. The Director of Social & Community Services is working closely with health colleagues to develop future partnership approaches to support effective customer focused commissioning of services.
- 6. Streamlined Service and Resource Planning** processes and delivery of **efficiencies** by Directorates – the Social & Community Services and Children, Education and Families directorates are streamlining the service and resource planning process through greater integration and working together.

7. Big Society – The move towards personalisation and personal budgets within adult social care is enabling a joint approach to supporting the development of communities. This builds on the longstanding use of volunteers such as in day services.

8. ICT – the Council has invested in an upgraded adult information system to significantly streamline the current processes and an information system that will support a central resource of information for service users that will provide a more efficient way of identifying the right service to meet needs.

Detailed plans for 2013/14 and 2014/15

The total planned savings for adult social care for the four years of the current Business Strategy are £38m. Of this £28m is planned for 2011/12 and 2012/13. This leaves £10m to be delivered in 2013/14 and 2014/15. Proposals to achieve these savings have been identified.

The broad and high level proposals put forward in the Business Strategy are set out to assist members in giving consideration to the likely budgetary provision that will be necessary for the Directorate. Many of the proposals have or will required detailed work. They will be subject wherever appropriate to formal consultation with the public/stakeholders and an equality impact assessment culminating in a formal report to Cabinet for a final decision. A determination of the likely demand on the Council's budget for the Directorate should not be taken as any form of final decision on any operational policy changes.

General risks and opportunities

- The strategy assumes a reliance on informal carers to continue caring. The value of the contribution from carers is several times greater than the resources spent by the local authority. Spending on carers has been protected in recognition of their contribution.
- The Government's proposals on the future funding of adult social care are expected in April 2012. The proposals of the Dilnot Commission have been widely welcomed. However, if they are implemented they will need to be properly funded at a national level and implemented effectively. Dilnot will not address the demographic pressures that we face.
- The implications of the NHS White Paper. This is a major opportunity which encourages joint working across health and social care that focuses on the best outcomes for individuals and ensures the best use of limited public resources. Extra health funding available in 2011/12 and in the medium term represents a real opportunity for assisting closer working with Health.
- Impact of changes in partner organisations such as the restructuring of the PCT, eligibility for continuing health care and the reduction in partners' budgets will have implications for adult social care and may distort the council's spending priorities.

- The health and social care system is under considerable pressure. Demand for services for older people this year is greater than demographic growth. In some budget areas one client with high needs and therefore high costs can have a significant impact on budgets and this cannot easily be predicted or mitigated against in that service area. Greater demand can lead to delays.
- The market may not deliver the capacity and quality of care at the price available to service users through the personal budget allocation. This will become clearer over time as new providers become established and service users more familiar with the new arrangements.
- We want to encourage more people who fund their own care to explore alternative options to care homes.
- Management capacity to cope with the scale of change that we are managing will continue to be a challenge.
- Current information systems need reviewing and updating.

Activity Area - Older People

Service Area	Older People
2011/12 Gross Budget	£100.138m (including £80.288m contribution to Older People, Physical Disabilities and Equipment Pooled Budget)

Year on Year changes as per 2011/12 – 2015/16 MTFP	2012/13 £m	2013/14 £m	2014/15 £m	Total £m
Previously Agreed Pressures and Funding	2.007	1.646	2.247	5.900

Variations to MTFP Savings

Year on Year	2012/13 £m	2013/14 £m	2014/15	Total
Previously Agreed Savings	-5.470	-2.931	-3.704	-12.105
Variations to 2011/12 MTFP Savings	1.748	-0.300	-0.100	1.348
Revised Savings	-3.722	-3.231	-3.804	-10.757

Current service activity

The service supports older people (people aged over 65 years) and their carers to live healthy, safe and valued lives through the provision of information, professional assessment and support, rehabilitation, reablement, brokerage and the implementation of support plans that promote independence and keeping well.

The service also ensures there is an adequate supply of good quality, cost-effective services that people want to purchase and that meet the needs of older people and their carers. There is a focus on developing a range of preventative approaches aimed at keeping people well. The budgets for residential and nursing home placements, home support, initial assessment and enablement, day services and equipment are within a pooled budget with Oxfordshire Primary Care Trust. Specialist care management activity is funded from budgets outside of the pooled budget. This pooled budget is a budget that includes services for older people and people with a physical and sensory impairment.

Proposals to deliver efficiencies

To be able to deliver cost effective services and deliver efficiencies we need to work jointly with the NHS to support strong and safe communities, develop services that everyone can access, reduce demand and provide more for less. The strategy has therefore focused

on reducing demand and reducing costs of services. A significant opportunity exists to make large scale savings whilst continuing to meet people's needs with good individual outcomes. This is to stop people needing and choosing a care home to meet their needs.

Plans for Efficiencies

1) Deliver a change of policy for long term support in line with the 'Ageing Successfully' framework that potentially reduces the number of older people admitted to care homes and increases alternatives to care and support that keep people safe and well in their own homes. This will provide better outcomes for people as well as achieving efficiencies for the council. The plan is to provide alternative services that will allow people to live in their own home rather than a care home e.g. extra care housing, more equipment and assistive technology.

The net cost to the council of placing a person in a care home is currently £338 per week compared with £216 in extra care housing and a potential £197 per week through 2 hours per day of traditional home support. Diverting one person per week from a care home placement to extra care housing at the current costs would save in the region of £0.165m per year.

The work being done to achieve savings:

- Review of the Oxfordshire Care Partnership care home and extra care housing contract. We are working with the Oxfordshire Care Partnership to explore ways of meeting care needs in a way which reduces the cost of providing services and leads to developments to achieve efficiencies.
- Continue with our major programme of extra care housing as an alternative to care homes
- Continue to develop assistive technology (telecare and telehealth) to keep people at home safely
- Continue to improve availability of equipment and practical support at home
- Develop adult family placement services (Shared Lives) as an alternative to care homes
- A significant proportion of care home placements funded by adult social care each month are people who have chosen to purchase a place with their own funding often before they really needed it and then their funding has run out. We need to provide information before self funders make this choice and encourage them to choose options in the community.

We will focus resources on prevention and early intervention so we can limit unnecessary need for adult social care whilst continuing to keep people safe. Improving information so that individuals and their families can plan better is crucial.

2) The Resource Allocation System uses a formula to allocate personal budgets to people who are eligible for support for adult social care. Efficiencies from the move to self directed support and personal budgets will result in more efficient delivery of care. Costs included in the Resource Allocation System reflect best practice nationally.

The medium term target is to reduce the unit cost of an hour of home support to £15 per hour in line with other Local

Authorities. A survey conducted by the Association of Directors of Adult Social Services (ADASS) identified that the average cost of home support was approximately £15 per hour. In 2010/11 the average cost in Oxfordshire was £23 per hour. The budget for 2011/12 was built on an assumption of £18 per hour. In August the unit cost of an hour of home support was £19.57. This has reduced from £21 per hour the month before and is reducing month by month as individuals transfer across to the new providers.

As a consequence of the introduction of self directed support and the high unit costs of internal home support combined with pressure for efficiencies it has been agreed that the Council will cease to fund the internal home support service by April 2012. Most of the funding would be transferred to personal budgets. Services currently provided by the council could be purchased directly by service users or re-commissioned through external contracts at a reduced cost. The council is facilitating the availability of personal assistants directly employed by service users.

3) Reduce the number of care packages through continuing to deliver the prevention strategy – Preventive services are those that prevent ill health across the whole population so that people are healthier for longer, and services that prevent or delay the need for more costly and intensive health and social care services. The reablement strategy is about ensuring that there are effective and efficient services in place in Oxfordshire so that most older people do not need care packages after their stay in hospital or accident or illness and sufficient support to learn or relearn the skills necessary for daily living. Regular reviews of support that focus on enabling people to be independent will also reduce the need for care. Another goal is to improve the stroke, dementia and continence pathways and enable more people to be independent.

We will also continue to develop the 'Whole System' approach to test a new health and social care model of care that aims to prevent hospital admission, provide care closer to home and facilitate quicker discharge from hospital. This whole systems approach is now known as the Appropriate Care for Everyone (ACE) programme. It aims to reduce demand and therefore costs to adult social care. It is led by Dr Stephen Richards, the Chief Executive of the Oxfordshire Clinical Commissioning Consortium and is supported by the Oxford University Hospitals Trust, the Primary Care Trust, Oxford Health and the County Council. It was initially piloted in Abingdon and will be repeated across the rest of the county in 2012/13.

4) Work to keep costs of contracted services down by working with providers to make efficiency savings in the way they provide services and manage inflation.

5) Support carers to continue caring – the value of the contribution from carers is several times greater than the resources spent by the local authority.

6) Maintain spending on day opportunities for older people and ensure that they are more effective and efficient and meet the needs of local people and communities – We believe there is room to increase the proportion of service users who use their

personal budgets for day opportunities providing that the services provide good outcomes and are well marketed.

7) Transport for day services – we plan to provide transport for those who meet eligibility criteria and require it to access services. For those who are not eligible they will need to access services either through their own means or pay for transport provided by the council or other organisations. We will work with providers to support their transport offer to their services.

Additional resources available to help us deliver this agenda

In 2011/12, £6.1 million of additional funds from the Department of Health (DH) was made available for social care, via the Primary Care Trust. These funds were used to relieve immediate pressures on hospitals through funding additional home support hours to enable people to go home more quickly and in the short term additional care home placements, than were originally planned. The rate of additional funding for 2012/13 is £5.9 million. The NHS Operating Framework published in November 2011 has confirmed that this additional funding is available until 2014/15 (the end of the Spending Review period).

The additional funding has also funded the following services which will have on-going commitments in future years

- £0.300m for the Alert Service (personal alarms and other forms of technology to allow people to remain safely at home) which is supporting 20% more older people as a result.
- £0.500m to set up and maintain a new emergency home support service
- £0.750m for additional community equipment to support people in their own home and reduce demand for care packages

The table below summarises the commitments that have been made this year together with the expected resources available from the NHS for adult social care and the additional resources provided by the County Council for demography. This table shows that there are resources in hand within the older people budget in each of the first three years (although the amounts involved are relatively small in the context of the budget of approximately £100m). There will inevitably be pressures on this budget over the next three years if demand increases in a similar way to that experienced this year, if costs should increase more than expected or if savings are not realised in full. On the other hand, if the whole systems work described above starts to reduce demand especially for more expensive bed based care then this will increase the resources available. The table assumes that the additional money from the NHS comes to an end at the current spending review period. Whether this happens or not will depend on the outcome of the Government's next Spending Review scheduled for the summer of 2014. If the additional resources do not continue then this will increase the pressures on the older people budget.

	2012/13	2013/14	2014/15	2015/16
Costs of additional activity (£m)				
Alert Service	0.300	0.300	0.300	0.300
Emergency Home Support Service	0.500	0.500	0.500	0.500

Additional community equipment	0.750	0.750	0.750	0.750
Cost in future years of additional care home placements agreed in 2011/12. (The costs fall as people die)	2.063	1.135	0.624	0.343
Additional home care capacity (11/12) clearing current waiting list and supporting people at home in line with the strategy	2.430	1.458	0.875	0.525
Additional home care capacity - maintaining current injection of activity over future years. This will help increase the number of home care hours available each week.	1.596	5.427	7.726	9.105
Total	7.639	9.570	10.775	11.523
Additional Funding (£m)				
DH additional funding for adult social care from the NHS	5.900	5.900	5.900	
Demography	2.154	4.050	6.497	9.289
Total	8.054	9.950	12.397	9.289
Shortfall (+) / Resource in hand (-)	-0.415	-0.380	- 1.622	2.234

Impact of the proposal on service users and communities

People will be encouraged to choose options in the community to meet their long term needs as opposed to a care home. The strategy is intended over time to encourage people to be more independent and more able to direct their own support. Although service users will have sufficient budget to meet their eligible care needs this will involve them working with the brokerage service or their social worker or independent adviser to design support in a more efficient and effective way. Any delays could increase the need to protect people but we have good safeguarding processes and we have enhanced our risk management arrangements.

Impact on providers

Self-directed support and the changes in the way services are commissioned means that there will be few if any guaranteed block contracts. We are working with providers to ensure there is sufficient quantity and quality services available at an affordable price for people with a personal budget. Care home providers could be impacted upon by Social & Community services purchasing less care home placements.

Impact of the proposal on other council services

We will need to work in partnership with Environment and Economy to deliver transport savings not only in terms of the impact on the Integrated Transport Unit but also in the way that voluntary transport is supported. To deliver Extra Care Housing we will need to work jointly and creatively with Property and Facilities, especially in terms of the way that we use land owned by the County Council.

Capital implications of proposed changes

1) Review of the Oxfordshire Care Partnership (OCP)

Since the commencement of the Oxfordshire Care Partnership contract the commissioning strategy for Older Persons residential care has changed. This has given rise to a review of what should be delivered under the next phase of the 'Homes for Older People' programme. The main aim of the new strategy is to stop people needing and choosing residential care and encourage the use of Extra Care Housing (ECH). However, it is recognised that there is a need for some specialist care homes and some preventative bed-based services. As a consequence it is proposed to replace 8 residential care homes, that have not already been refurbished, with 4 new Extra Care Housing developments and 1 new care home delivering specialist and preventative nursing care in an area of the county that currently has low capacity and 1 refurbished home delivering residential dementia care.

2) Development of Extra Care Housing (ECH)

There are 1,400 Extra Care Housing units planned by 2015. This is crucial to our strategy to make revenue savings from the older person's budget from avoiding the use of care homes if at all possible.

3) Day Opportunities Strategy and Transport Strategy

Social & Community Services currently funds a range of day services for older people that are building based and rely on an integrated transport service. The planned model assumes three tiers and will include a review of the way transport is provided.

The capital implications of this strategy are additional capital resources may be required to develop Resource and Well Being Centres in Didcot and Wantage. We are working with the PCT on potentially combining the day hospitals in those towns with the existing County Council owned Day Centres.

4) Supported Housing

Adult social care is currently preparing a supported housing strategy that will identify the housing needs of people known to adult social care and the types of housing with support that people need to enable people to remain living in the community.

5) Adult Social Care Systems Capital Investment

The Adult Social Care Systems review confirmed that the system is dated and has suffered from a lack of development. Our current system will not adequately sustain the changes required by the service or the efficiencies and savings being demanded from the service generally. It was agreed to purchase an upgraded Adult Information System which is in the process of being implemented.

Activity Area - Learning Disability

Service Area	Learning Disabilities
2011/12 Gross Budget	£75.368m (including £64.613m contribution to Pooled Budget)

Year on Year changes as per 2011/12 – 2015/16 MTFP	2012/13 £m	2013/14 £m	2014/15 £m	Total £m
Previously Agreed Pressures and Funding	4.206	2.389	3.239	9.834

Variations to MTFP Savings

Year on Year	2012/13 £m	2013/14 £m	2014/15	Total
Previously Agreed Savings	-2.973	-0.023	-2.410	-5.406
Variations to 2011/12 MTFP Savings	0.550	-0.150	-0.250	0.150
Revised Savings	-2.423	-0.173	-2.660	-5.256

Current service activity

The Learning Disability Service supports people with learning disabilities aged 18 and over and their carers to live healthy, safe and valued lives. There are approximately 2,000 people over age 18 with severe to moderate learning disabilities known to services in Oxfordshire. Learning Disability is defined as a significantly reduced ability to understand new or complex information, combined with a reduced ability to cope independently which started before adulthood having a lasting effect on development (Valuing People 2001). Learning disabled people with additional physical or mental health needs come under the remit of the Learning Disability service, as do older people with Learning Disabilities. The team provides professional assessments, care planning, social work support and information and ensures there is an adequate supply of good quality, cost effective services. The team supports 1,185 people to live in the community and 265 people are supported in a permanent residential placement.

Proposals to deliver efficiencies

Plans for Efficiencies

<p>The Resource Allocation System allocates personal budgets to people who are eligible for support from adult social care. Efficiencies from the move to self directed support and personal budgets has resulted in more efficient delivery of care. As more cost-effective services and supports are developed, we aim to reduce people’s personal budgets to reflect this. People will still receive enough funding to purchase support to meet their eligible needs. Plans 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 through for example -</p> <ul style="list-style-type: none"> • employing personal assistants • focusing on support that enables people to be independent through regular reviews • a review of transport • investing in developing independence skills and confidence, including work with teenagers
<p>Contracts are being retendered to providers who hold framework contracts. These contracts are based on a zero number of hours but establish an agreement with providers of lower costs for people to spend their personal budgets to be able to manage unit costs.</p>
<p>Limit contract inflation - work to keep costs of contracted services down by expecting providers to make efficiency savings.</p>
<p>Externalisation of internal independent living services</p>
<p>Increase the availability of assistive technology and equipment options that enable people to stay in their own homes and reduce the need for paid staff</p>
<p>Delay admissions to more costly supported living through improved respite and shared care services</p>
<p>Reduce the cost of supported living through the supported accommodation review</p>

Impact of the proposal on service users and communities

The strategy is intended over time to encourage people to be more independent and better supported to direct their own support. Although service users will have sufficient budget to meet their eligible care needs, this will involve service users working with the brokerage service or their social worker to design support in a more efficient and effective way that meets their needs. The Council is working closely with providers to identify ways of reducing costs whilst retaining good quality services. Any delays could increase the need to protect people but we have good safeguarding processes and we have enhanced our risk management arrangements. Pressures may result in a need to return to providing support in larger groups or larger properties or clusters of smaller properties. There is a chance that informal carers may need to provide more support to meet need so carers’ assessments will continue to be a priority and we would seek to involve carers in circles of support and explore the use of volunteers and wider family members.

Impact on providers

Self directed support and the changes in the way services are commissioned means that there will be few if any guaranteed block contracts. We are working with providers to ensure there is sufficient quantity and quality services available at an affordable price for people with a personal budget. Providers have been involved in discussions with commissioners around developing more cost effective approaches of support and some innovative approaches are being pursued.

Impact of the proposal on other council services

Any increased need to protect people will increase demands upon the Learning Disability teams and the safeguarding team.

Capital implications of proposed change

Delivery of the savings through the Supported Accommodation Review is dependent on the availability of previously agreed prudential borrowing. It will also be dependent on successfully re-negotiating the legal charge on properties previously owned by the health service so that they can be reconfigured.

Activity Area - Physical Disability and Sensory Impairment

Service Area	Physical Disabilities and Sensory Impairment
2011/12 Gross Budget	£7.490m (includes £6.880m contribution to Older People, Physical Disabilities and Equipment Pooled Budget)

Year on Year changes as per 2011/12 – 2015/16 MTFP	2012/13 £m	2013/14 £m	2014/15 £m	Total £m
Previously Agreed Pressures and Funding	0.060			0.060

Variations to MTFP Savings

Year on Year	2012/13 £m	2013/14 £m	2014/15	Total
Previously Agreed Savings	-0.276	-0.119	-0.098	-0.493
Variations to 2011/12 MTFP Savings	1.054	0.206	0.206	1.466
Revised Savings	0.778	0.087	0.108	0.973

Current service activity

The Physical Disability Service supports disabled people and their carers to live healthy, safe and valued lives by enabling people to make choices while maintaining dignity and respect. The team provides professional assessments, rehabilitation, care planning, social work support, brokerage and information services to people aged over 18 years (primarily aged 18-64 years) with a permanent physical impairment and/ or sensory impairment and/or brain injury and their family/ carers. The team also provides services to children aged 0 – 18 years with visual, hearing or dual sensory loss and their families. The budgets for residential and nursing home placements, home support, initial assessment and enablement, day services and equipment are within a pooled budget with Oxfordshire Primary Care Trust. Specialist social work activity is funded from outside the pooled budget. This pooled budget is a budget that includes services for older people and people with a physical and sensory impairment.

Proposals to deliver efficiencies

Plans for Efficiencies

Oxfordshire spends less than the national average on services for people with a physical disability and/or brain injury. The current

key issue is that the current budget does not support the number of adults with a physical disability and/or brain injury with eligible needs and people who use the service are reporting lower levels of satisfaction compared to other groups in Oxfordshire (User Survey 2011).

There is no nationally agreed method for identifying demographic pressure for adults with a physical disability/ brain injury and it is clear that the way that demography has been calculated in previous years has understated the increasing demand for services. The low level of demographic funding has led to the current budget being out of line with spending despite the pursuit of potential savings. It will require an additional £0.596m extra in 2012/13 (on top of the £0.204m outlined on page 7) to bring the budget to a realistic level. In addition, it will be necessary to find resources to eliminate the overspending that is expected on this budget during the current year.

The proposals are to

- 1) Develop a joint commissioning strategy with Health to ensure more effective and efficient commissioning arrangements for people with a physical disability and/or brain injury.
- 2) Continue to promote self directed support and personal budgets

Impact of the proposal on service users and communities

The strategy is intended over time to encourage people to be less dependent and more physically and psychologically able to direct their own support. Although service users will have sufficient budget to meet their eligible care needs, this will involve service users working with the brokerage service or their social worker or independent adviser to design support in a more efficient and effective way. Any delays could increase the need to protect people but we have good safeguarding processes and we have enhanced our risk management arrangements.

Impact on providers

Self-directed support and the changes in the way services are commissioned means that there will be few if any guaranteed block contracts. We are working with providers to ensure there is sufficient quantity and quality services available at an affordable price for people with a personal budget.

Impact of the proposal on other council services

To deliver supported housing we will need to work jointly and creatively with Property and Facilities especially in terms of the way that we use land owned by the County Council.

Capital implications of proposed change

To achieve greater efficiencies there is a need to develop a range of supported housing options that will enable people to live in their own homes in the community.

Activity Area - Mental Health

Service Area	Mental Health
2011/12 Gross Budget	£7.682m (including £6.903m contribution to Pooled Budget)

Year on Year changes as per 2011/12 – 2015/16 MTFP	2012/13 £m	2013/14 £m	2014/15 £m	Total £m
Previously Agreed Pressures and Funding	0.001			0.001

Variations to MTFP Savings

Year on Year	2012/13 £m	2013/14 £m	2014/15 £m	Total
Previously Agreed Savings	-0.255	-0.216	-0.334	-0.805
Variations to 2011/12 MTFP Savings				
Revised Savings	-0.255	-0.216	-0.334	-0.805

Current service activity

Almost all of Social & Community Services investment in mental health is managed within a joint commissioning pooled budget by Oxfordshire PCT. The County Council contribution purchases professional assessment (including mental health act assessments), support, and care planning, that promote recovery and keeping well within integrated teams within Oxford Health NHS Foundation Trust. It funds residential placements, direct payments to support independence and support for carers managed by the Trust. It also contributes to day and housing support services that provide universal information, preventative and recovery services that are largely delivered by the voluntary and community sector. The Better Mental Health in Oxfordshire Strategy 2009-12 is reviewing this provision in line with Creating a Healthy Oxfordshire and Transforming Adult Social Care. We are redesigning services along a pathway that helps people take control, stay well, maximise the use of mainstream activity to support well-being and provide more intensive support to enable people to self-manage long term conditions.

Proposals to deliver efficiencies

Plans for Efficiencies

1) Supported into 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. The new services were introduced in March 2011. It will deliver efficiencies over time by reducing the number of small contracts and by moving people who are receiving support towards self-management of their care with the support of Keeping People Well

2) Workforce restructure

A review of the structure of the community mental health and specialist teams. It is currently subject to consultation. Detailed plans to support these efficiencies have not yet been agreed.

3) Personalisation

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. We plan to achieve savings through the move to self-directed support and the use of brokerage

4) Keeping People Well

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. New services were introduced in March 2011.

Impact of the proposal on service users and communities

The strategy is intended over time to encourage people to be more independent and more able to direct their own support. It is intended to facilitate an environment where communities can grow. The focus on prevention and recovery will mean that fewer people need to use adult social care, and those that are will be able to move on to self-management of their care. Services will work to help people remain in or move towards mainstream lifestyles and activity both by helping people plan to meet their needs and by helping develop more inclusive communities where it is easier for people living with mental health problems to participate fully.

Impact of the proposal on other council services/ providers

All services are currently being re-commissioned. The potential impacts of this are being mitigated through co-ordinated transition plans. The current procurement activity under Supported to Independent Living and Keeping People Well will have a significant impact on the provider market place. There may be an impact on carers services and on brokerage contracts to support self directed support. The pathway developments in Supported to Independent Living and Keeping People Well will support the development of the clinical pathway within mental health.

Service Area – Services that support all client groups

Service Area	All Client Groups			
2011/12 Gross Budget	£4.751m			
Year on Year changes as per 2011/12 – 2015/16 MTFP	2012/13 £m	2013/14 £m	2014/15 £m	Total £m
Previously Agreed Pressures and Funding	0.064	0.054	0.018	0.136

Variations to MTFP Savings

Year on Year	2012/13 £m	2013/14 £m	2014/15	Total
Previously Agreed Savings	-0.174	-0.129	-0.121	-0.424
Variations to 2011/12 MTFP Savings				
Revised Savings	-0.174	-0.129	-0.121	-0.424

Current service activity

The service supports all client groups and their carers to live healthy, safe and valued lives through the provision of information, professional assessment and support, rehabilitation, reablement, brokerage and the implementation of support plans that promote independence and keeping well. This budget now includes all social work staff apart from those working with adults with learning disabilities. This reflects the reorganisation of Adult Social Care which has taken place during the course of this year. There is a focus on developing a range of preventative approaches aimed at keeping people well.

Proposals to deliver efficiencies

Plans for Efficiencies
Occupational Therapy Services A range of initiatives to allow people to be more independent, be in control and make decisions about how they meet their own needs, such as the selection and purchase of small items of equipment and prescriptions for equipment now needs to be reviewed as there has been an increase in demand for equipment to enable people to stay living in their own home.
Restructure of the adult social care locality teams – 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.

Impact of the proposal on service users and communities

The adult social care restructure introduces a locality approach to service delivery.

Impact on providers

Greater access to equipment and technology.

Impact of the proposal on other council services

Social & Community Services will no longer be a provider of services which will change the market in Oxfordshire.

Service Area - Strategy & Transformation

(To be redeveloped as part of the new Joint Commissioning service and the revised Business Systems and Change Management Services)

Service Area	Strategy & Transformation
2011/12 Gross Budget	£34.511m (including £16.197m Support Charges)

Year on Year changes as per 2011/12 – 2015/16 MTFP	2012/13 £m	2013/14 £m	2014/15 £m	Total £m
Previously Agreed Pressures and Funding				

Variations to MTFP Savings

Year on Year	2012/13 £m	2013/14 £m	2014/15	Total
Previously Agreed Savings	-1.198	-0.710		-1.908
Variations to 2011/12 MTFP Savings				
Revised Savings	-1.198	-0.710		-1.908

Current service activity

The key elements of this work are: facilitating the development and delivery of the directorate strategy and key partnerships; analysis of the population of Oxfordshire and performance management; facilitating 'involvement' in service development and monitoring; supporting delivery of future systems and technology to deliver the long term service strategy; managing comments, complaints & compliments; facilitating change management; maintaining supply of services through contract management and market development; developing and monitoring housing related support for vulnerable people; supporting the directorate in its relationship with internal service providers e.g. shared services, customer service centre, property and facilities and asset management ensuring that needs are met, changes are facilitated and standards are upheld.

Proposals to deliver efficiencies

The County Council is moving towards being a predominantly commissioning organisation rather than one directly providing services. Adult social care has been developing its approach to commissioning since the early 1990s; commissioning of children's services, within children's social care and schools, is a more recent development. Consequently it has been decided for the commissioning of adults and

children's services to be carried out in one place so that experiences and knowledge can be shared to improve the outcomes for people who receive services.

The restructure of Strategy & Transformation has developed into a wider reorganisation which establish a joint commissioning team (with children services) to improve our commissioning and contracting arrangements and strengthen our capacity to work with NHS partners. This will mean that commissioning functions from older people and learning disabilities will transfer into this area and the whole section will be renamed 'Joint Commissioning'. The business systems team and the change management teams will also be reviewed.

Impact of the proposal on service users and communities

The development of the joint commissioning team will improve the focus on outcomes for people who receive services and enable greater involvement in commissioning decisions. It will deliver an improved and more joined up approach to information and performance management and quality assurance.