



**Social & Community Services  
Adult Social Care**

**Business Strategy**

**2013/14 – 2014/15**

## **Introduction**

2013/14 will be the third of the four-year directorate business strategies. These were approved by Council in February 2011 and included savings of £119m to be achieved over the period 2011/12 – 2014/15. These are being 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. Funding for demographic and other agreed pressures have been built in.

While there have inevitably been some changes, the strategies are being delivered as planned with the majority of the original savings expected to be achieved. £27m remains to be delivered in 2013/14 and 2014/15 and is planned to be delivered in line with the Medium Term Financial Plan.

Changes to the funding of local government from 2013/14 and new pressures identified since the strategies were originally agreed mean there are now some changes to the savings required in 2013/14 and 2014/15. This revised strategy reflects the updated position and incorporates the £27m remaining original savings and changes that will be agreed by Council in February 2013.

New strategies will be developed as part of the Service & Resource Planning process for 2014/15 and will take into account the Government's next spending review.

## **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.

## **Adult Social Care**

### **The Adult Social Care Strategy**

In partnership with the National Health Service, Social & Community Services arranges crucial care to the adult population of the county. We support the health and wellbeing of all adults by ensuring the availability of good quality services – this includes care 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 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 for

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. The Resource Allocation System uses a formula to calculate personal budgets for people who are eligible for support from adult social care. Many people receive their personal budget as a direct payment which provides them with even greater flexibility to determine how their care needs are met. At the end of March 2012 Oxfordshire had the second highest proportion of people receiving a direct payment in the country. 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, increase alternatives to care and develop community support that continues 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. 406 extra care housing units are now open as part of our plans to have 1000 units by 2015. We are also developing other models of care e.g. Shared Lives – opportunities for older people and younger adults with disabilities or mental health problems to live with a family.
- 5) To facilitate a market of services that can be used by everyone and that support the development of communities.

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. A genuine pooled budget for learning disabilities has been in place since 2006 The Oxfordshire Clinical Commissioning Group and the County Council are committed to introducing new pooled budgets for older people, mental health and adults with physical disabilities from April 2013.

## Adult Social Care Overview

### Adult Social Care Statutory offer

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

- 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. Healthwatch

### Annual Adult Social Care Performance

Overall adult social care is a low spending, but high performing service. In February 2012 questionnaires were sent to over 1,700 people who used services purchased by adult social care and 846 responses were received. 89% of people who responded were satisfied with the services they received with 62% of people being very satisfied. Only 3% of people said that they were dissatisfied. In some client groups there remain waiting lists for assessments and services though these are reducing. Significant additional funding has been made available to ensure delays are reduced across the system. There is also a question of whether there are emerging demands for health and social care which are greater than we had anticipated.

There has been a significant improvement in reducing the delays in transferring people from hospital from 182 people at the end of March 2012 of whom 58 were awaiting further assessment or services from social care to 88 at the end of November of whom 24 were awaiting further assessment or services from social care.

### Overview of Adult Social Care progress in 2012/13

Adult Social Care continues to support 'a thriving Oxfordshire' by promoting strong communities so that people can live their lives as successfully, independently and safely as possible. The key elements of the adult social care strategy remain the same - 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 2012/13. 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 have improved the capacity of teams and enabled 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 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.
- In early 2012 the Council continued to develop the way it provided care and support for people in their own home by enabling people to have greater choice through the use of their personal budget.
- We are successfully 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 draft joint commissioning strategy for older people has been developed with the Clinical Commissioning Group and is being consulted on between 1 December 2012 and 31 January 2013.
- A joint commissioning strategy has been developed with the Clinical Commissioning Group 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 are in the process of preparing proposals for care home fees which will be considered by the Cabinet in January and then subject to further consultation with providers prior to a final decision in May or June 2013.
- The Carers Strategy has been reviewed this year and a refreshed strategy has been developed. This is out to consultation throughout January 2013. Services still provide innovative flexible responses to carers needs (e.g. Direct payments through GPs and support to working carers through employers cares support scheme)

#### **Demographic pressures in 2013/14**

- **Demography** – Oxfordshire identified demographic pressures of £4.4m for 2013/14. The level of demographic pressure identified in Oxfordshire is in line with other authorities. However actual demand for services, particularly for services for older people, is greater than that which can be explained by the increasing number of older people. There is no national way of calculating future demand for care services, but some work has been done on demand by the Personal Social Services Research Unit to support the current Health and Social Care bill. As a council we are looking to work with the unit to create a model for estimating future demand for social care in Oxfordshire.

- **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. We have invested £0.050m in 2012/13 rising to £0.150m in 2014/15 to meet the potential demands particularly of the needs of people at the higher end of the autistic spectrum and ensure an effective pathway of care exists. A commissioning strategy is due to be completed by April 2013 and this funding will be used to deliver the action plan in relation to preventative support. In the longer term the impact of this work is expected to lead to a reduction in the number of people who develop mental health issues.

## Detailed plans for 2013/14 and 2014/15

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 required or will require 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. The total combined pressures/additional funding and savings include those agreed by Council in February 2011 and February 2012 as well as the proposed new pressures and savings that are included in Annex 3.

Year on Year	2013/14 £m	2014/15 £m
Pressures & Additional Funding	14.675	7.060
Savings	-17.651	-11.097

## 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 stance on the future funding of adult social care was set out in July 2012 with the publication of the 'Caring for our future: progress report on funding reform'. "The government agrees that the principles of the Dilnot Commission's model would be the right basis for any new funding model". They made it clear that they would come "to a final view in the next Spending Review". In his Autumn Statement in December 2012, the Chancellor announced that the next Spending Review would take place in the first half of 2013.

- The Health and Social Care Act 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 for the financial years 2011/12 through to 2014/15 represents a real opportunity for assisting closer working with Health.
- Impact of changes in partner organisations such as the creation of the Oxfordshire Clinical Commissioning Group and the Local Area Team of the NHS Commissioning Board.
- Eligibility for continuing health care and the reduction in partners' budgets will have implications for adult social care and the proposed pooled budget for older people.
- The health and social care system is under considerable pressure. Demand for services for older people is greater than demographic growth. In some cases, 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. Currently, the County Council is picking up the funding of two people a week who were funding their own residential care but have now run out of money.
- Management capacity to cope with the scale of change that we are managing will continue to be a challenge.
- It is proposed that pressures within the older people's pool are managed within that budget (14SCS5).

Current information systems need reviewing and updating to simplify processes and reflect the principle of personalisation.

## Activity Area - Older People

Year on Year	2013/14 £m	2014/15 £m
Pressures & Additional Funding	9.844	3.729
Savings	-13.480	-7.405

### 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 keep people well. The numbers needing care are growing every year because there are more frail older people and more people with disabilities.

The County Council is already investing an extra 2% for older people. However, demand for care for older people is growing even faster this year. Between April and November:

- Assessments have increased by 36%
- Referrals from hospital have increased by 26%
- People starting home care increased by 9%
- People being permanently placed in a care home rose by 23%

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 Clinical Commissioning Group.

### **Delivering 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 and promoting alternatives to hospital and residential care.

### **Plans for Efficiencies**

1) Deliver a change of policy for long term support in line with the 'joint commissioning strategy that reduces the number of older people admitted to care homes and increases alternatives to care and support that help people to be safe and well living 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 £405 per week compared with £210 in extra care housing and a potential £221 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 £0.264m a 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. Agreement has been reached in principle as reported to Adult Services



Scrutiny Committee in December 2012.

- 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
- Facilitate a market of community services that people want to purchase with their personal budget
- Develop the Shared Lives service where older people can live with families 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. In 2010/11 the average cost in Oxfordshire was £23 per hour. The budget for 2012/13 was built on an assumption of £17.50 per hour. In November 2012 the average cost was £16.94 per hour.

3) Manage the demand for care support 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 service is about ensuring that there are effective and efficient services in place in Oxfordshire so that older people do not need care packages after their stay in hospital or accident or illness and receive 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.

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) Continue to ensure that there are day opportunities for older people and ensure that they are more effective and efficient and meet the needs of local people and communities. We want day services to be somewhere that people in the community choose to go whether they are paying for their own support or in receipt of a personal budget.

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.

There are three adult social care savings in the current plan at risk of not being delivered in full:

1. **14SCS1 - Review of Oxfordshire Care Partnership contract:** The current proposed agreement will achieve £2.8m savings compared with the initial assumed savings of £3.8m. However it still represents a significant contribution to the council's savings target and also restructures the contract to provide a more appropriate range of services in line with our longstanding strategy.
2. **14SCS4 – Care Home Fees:** A 3% increase was implemented as an interim payment, effective from April 2012 pending a further review. The outcome of the review will be reported to Cabinet in January 2013 and may impact upon the original savings proposal.
3. **14SCS17 - Transport for Day Services:** Charging for transport to day centres from April 2013 will not generate sufficient income. The outcome of the Corporate Review of Community Transport may identify savings and additional income in future years. £0.4m savings target has been re-scheduled.

#### **Additional Pressures - Older People**

1. **14SCS2 - Care Homes:** the impact in subsequent years of additional placements made in 2012 together with more complex care needs has increased the average cost of care.
2. **14SCS3 Re-ablement:** this service provides a period of support at home to enable people to become as independent as possible. This is a priority so we can support as many people as possible to be independent and live fulfilling lives and need less costly care provision. We have agreed with Oxford Health, the provider of the service, that we will invest an additional £0.600m so that more people can be offered reablement. This will be funded from the additional resources provided for reablement to the Oxfordshire Clinical Commissioning Group.

#### **Additional Savings - Older People**

1. **14SCS6 – Closer working with Health**

Closer working with Health, generating efficiencies by pooling budgets and integrating care services.

**2. 14SCS7 –Invest in Assistive Technology**

Greater use of assistive technology to enable more people to remain in their homes for longer and reduce the need for home support

**3. 14SCS8– Payback from Prevention**

Provide prevention services that encourage older or vulnerable people to remain independent and reduce their need for more expensive care services.

**4. 14SCS9 – Invest in early client Intervention**

Invest in early client intervention to reduce the cost of care

**Resources available to help us deliver this agenda (14SCS26)**

In 2011/12, £6.1 million of additional funds from the Department of Health (DH) were 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 level of additional funding for 2012/13 was £5.9m and has increased to £8.2m in 2013/14. It has been assumed that this additional funding from the Department of Health will continue beyond the current Spending Review. If the funding ceases or reduces in 2015/16, this will add a further substantial pressure to the provision of services to Older People. Also an additional £1.5m NHS funding is expected for reablement.

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 to prevent admissions to hospital
- £0.750m for additional community equipment to support people in their own home and reduce demand for care packages
- Support the management of some of the pressures in the older people's pool that have arisen through more people going into care homes; more complex needs and more people receiving home care.

**Impact 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 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**

#### **1) Review of the Oxfordshire Care Partnership**

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. 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. There are some capital implications from the proposed agreement that are to be considered by scrutiny and are in the forward plan for decisions.

#### **2) Development of Extra Care Housing**

There are 1,000 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 that may be required to develop Resource and Well Being Centres in Didcot and Wantage.

#### 4) Adult Social Care Systems Capital Investment

A project is currently underway to implement a revised Adult Social Care System. The benefits of this system will include improved data quality and workflow resulting in an improved customer journey.

### Activity Area - Learning Disability

Year on Year	2013/14 £m	2014/15 £m
Pressures & Additional Funding	2.225	3.075
Savings	-2.886	-2.660

#### 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 Learning Disability teams support 1,409 people to live in the community and 278 people are supported in a permanent residential placement.

**Delivering efficiencies**

<b>Plans for Efficiencies</b>
<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"> <li>• employing personal assistants</li> <li>• focusing on support that enables people to be independent through regular reviews</li> <li>• a review of transport</li> <li>• investing in developing independence skills and confidence, including work with teenagers</li> </ul>
<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 – supported living services were transferred in the autumn of 2012</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>

**Additional Pressures – Learning Disabilities**

1. **SCP28 and S10** - The Medium Term Financial Plan includes £0.904m for the estimated cost of the de-registration of care homes run by the Home Farm Trust (SCP28 and S10). This relates to the care costs of residents placed by other local authorities who will now become residents of Oxfordshire. The cost is now considerably less than originally estimated and it is proposed that resources released £0.803m are used to manage the fairer charging income pressure (see page 20).

## **Additional Savings– Learning Disabilities**

### **1. 14SCS16 – Personalisation**

Create opportunities for individual people to purchase support more efficiently through a personal budget reducing the resource allocation (RAS) and increase the number of people in receipt of a direct payment. £1.8m will be transferred to physical disabilities (14SCS10) as the projected demographic pressures in learning disabilities have not arisen.

#### **Impact 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 on other council services**

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

#### **Capital implications**

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

Year on Year	2013/14 £m	2014/15 £m
Pressures & Additional Funding	2.206	0.256
Savings	-0.119	-0.198

### 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.

### Delivering 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 2012). During the last year a waiting list for services has developed, indicating increased demand. There is also an impact from people with very complex needs surviving for longer. It is proposed that additional funding of £1.8m is invested in the budget to meet the needs of the people who have been assessed as being in need of services. There is also a planned investment to meet an increase in costs of care to ensure that suitable support can be sourced for people who have complex needs.

In 2012 a joint health and social care commissioning strategy for services for adults with physical disabilities was agreed with Oxfordshire Clinical Commissioning Group. This focuses on involving people with physical disabilities in planning services and their own care, enabling people to gain and maintain independence, and supporting carers. A Partnership Board has been set up to



oversee and contribute to the delivery of the strategy, and progress is reported to a Joint Management Group. With this focused approach to commissioning, the intention is to develop more cost-effective approaches to service provision in some areas of delivery, improve integration of health and social care support and to encourage mainstream and community services to make reasonable adjustments so that people with physical disabilities can access community activities. Uptake of Direct Payments is high amongst people with physical disabilities and this will continue to be an area of focus, coupled with work to make available more cost-effective options people can purchase with their personal budgets. These changes will take time to deliver and so are not anticipated until 2014-15 onwards.

### **Physical Disabilities –Additional Pressures**

- 1. 14SCS11** - Physical Disabilities - provision for contract increases in 2012/13 and possible increases in 2013/14 & 2014/15 because of the increased costs of residential care.
- 2. 14SCS10** - Physical Disabilities - Investment in the service to meet increasing demands from additional clients and clients with more complex care needs. This is proposed to be funded by transferring £1.8m from the learning disability budget as the anticipated demographic pressures there have not arisen.

### **Physical Disabilities Additional Savings**

#### **1. 14SCS12 – Personalisation**

Create opportunities for service users to purchase support more efficiently through a personal budget, reducing the resource allocation system and increasing the number of people in receipt of a direct payment. We would aim to adopt a similar approach to individuals with a learning disability.

#### **Impact 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 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**

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**

<b>Year on Year</b>	<b>2013/14 £m</b>	<b>2014/15 £m</b>
Pressures & Additional Funding	0.400	0.000
Savings	-0.206	-0.334

**Current service activity**

Almost all of Social & Community Services investment in mental health is managed within a joint commissioning pooled budget by Oxfordshire Primary Care Trust. 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 National Health Service Foundation Trust. It funds residential placements, direct payments that support independence and provide support for carers through budgets 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 2012-15 is reviewing this provision to move towards a more outcomes based approach to commissioning and contracting services within the overall structure of the developing national programme of payment by results for mental health. We have redesigned 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.

**Delivering efficiencies****Plans for Efficiencies****1) Supported into Independent Living**

The housing and support pathway 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 pathway was introduced in March 2011. The pathway is now being further developed to support those patients with more severe and/or complex needs through the development of more personalised approach to their care.

**2) Workforce restructure**

Oxford Health and the County Council have redesigned the Approved Mental Health Practitioner service to achieve greater efficiencies within the workforce and improve the delivery of assessment and care for those people whose needs fall within the scope of the Mental Health Act

**3) Outcomes based commissioning**

Led by the Clinical Commissioning Group, we will be exploring how a “whole pathway approach” to care based on achieving agreed outcomes for people living with mental health problems might achieve efficiencies across health and social care

**Impact 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 activities. This will be achieved through 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 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

Year on Year	2013/14 £m	2014/15 £m
Pressures & Additional Funding	0.000	0.000
Savings	-0.980	0.000

### 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 includes all social work staff apart from those working with adults with learning disabilities

### Delivering 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 is being reviewed as there has been an increase in demand for equipment to enable people to stay living in their own home. Small items of equipment are now available via the council web pages. This has been developed with the council's communications team and enables customers to undertake an assessment of their needs and what equipment would meet them. They are then able to access a catalogue and order directly if they choose to. Occupational therapy clinics based in localities are being developed to help people maintain their independence,

### **Additional Pressures – Non - Pool**

**14SCS18 - Fairer Charging Income** Fairer Charging income - the reduced cost of home care services has reduced the level of income collected from clients assessed in accordance with fairer charging regulations

We are investing in the future sustainability of the service through recruitment to front line posts and succession planning:

**14SCS19 - Social Work teams** – Additional staff resources for social work teams. Investment in the service to increase capacity to deal with delayed transfers of care, safeguarding referrals and case reviews.

**14SCS20** – Approved Mental Health Professionals - additional staff and training to ensure statutory duties are met

**Additional Savings – Non – Pool**

**14SCS23 – HIV/ AIDS**

£0.75m - Reduce HIV/Aids budget due to changes to service provision

**14SCS24 Asylum Seekers**

£0.175m - Reduction in the Asylum Seeker budget due to a decrease in the number of clients

**14SCS21 and 14SCS22 – Review of Older People's day services**

**Impact on service users and communities**

The review of day services project should help with the aim of increasing attendance levels and promoting a more efficient operation. The strategy intends to encourage people to be more independent. The savings from the HIV/Aids and asylum seeker budgets are not anticipated to have an impact as needs will continue to be supported.

**Impact on providers**

Greater access to equipment and technology

**Impact on other council services**

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

## Service Area - Joint Commissioning

Year on Year	2013/14 £m	2014/15 £m
Pressures & Additional Funding	0.000	0.000
Savings	0.020	-0.500

### **Current service activity**

Joint commissioning works across both adults and children's directorates to develop the commissioning and contracting of services that meet the needs of adults, children and families in an efficient and cost effective way whilst recognising and listening to their needs. Developing this area has strengthened our capacity to work with NHS partners across social and healthcare services. Additionally it provides support to operational teams including handling complaints, reporting on performance, data analysis and benchmarking, engagement and consultation business and emergency planning and advice on policy development.

### **Delivering 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 was 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.

### **Additional Savings Proposals**

**14SCS25 – Review of Joint Commissioning function** . The completion of the creation of the Joint Commissioning Service has identified that further efficiencies are possible.

### **Impact on service users and communities**

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